

*MENTAL HEALTH
INITIAL LICENSURE
APPLICATION PACKET*





**North Carolina Department of Health and Human Services
Division of Facility Services**

Mental Health Licensure and Certification Section
2718 Mail Service Center • Raleigh, North Carolina 27699-2718
Courier Number 56-20-05

Michael F. Easley, Governor

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To: Mental Health, Developmental Disabilities, and Substance Abuse Facility Licensure Applicants

From: Mental Health Licensure and Certification Section

The purpose of this licensure packet is to provide information for those inquiring about establishing a mental health, developmental disability or substance abuse facility. **Please read the enclosed information carefully as certain applicants are required to pay applicable license application fees and be in compliance with applicable licensure rules prior to the issuance of a license.**

Applicants are **strongly encouraged** to obtain the following publications from the Division of Mental Health, Developmental Disabilities and Substance Abuse Services:

1. Rules for Mental Health, Developmental Disabilities and Substance Abuse Services, Title 10A NCAC Chapter 27, Subchapter G (APSM 30-1), cost \$5.75;
2. Client Rights in Community Mental Health, Developmental Disabilities and Substance Abuse Services, Title 10A NCAC Chapter 27, Subchapters C, D, E, and F (APSM 95-2), cost \$3.00;
3. Service Records (APSM 45-2) cost \$5.00;
4. Service Records Resource Manual (APSM 45-2a) cost \$5.00; and
5. Confidentiality (APSM 45-1) cost \$1.50.

Publications 1 and 2 above can be downloaded free of charge from the internet at http://ncrules.state.nc.us/ncadministrativ_/default.htm.

Publications can also be ordered for a charge by calling (919) 733-7011 or via e-mail to dmh@ncmail.net or DMH-Communications & Training Section, 3022 Mail Service Center, Raleigh NC 27699-3022. These publications will be essential in formulating the REQUIRED Operations and Management Policies, Guidelines and Procedures.



License Application Fees for 24-Hour (overnight) Facilities

The General Assembly recently adopted legislation, which imposes annual licensure fees for *certain* facilities regulated by DFS. These fees, which are non-refundable, apply to both new and existing facilities seeking licensure as of October 1, 2003. The legislation (House Bill 397, Session Law 2003-284) prohibits a license from being issued if a facility has not paid their fee.

Payment should be in the form of check, money order or certified check and must be payable to the "NC Division of Facility Services."

House Bill 397 amended North Carolina General Statute 122C-23 (h) which states:

"The Department shall charge facilities licensed under this Chapter that have licensed beds a nonrefundable annual base license fee plus a non-fundable annual per-bed fee as follows:

<i>Type of Facility</i>	<i>Number of Beds</i>	<i>Base Fee</i>	<i>Per-Bed Fee</i>
<i>Facilities (*non-ICF/MR):</i>	<i>6 or fewer beds</i>	<i>\$125.00</i>	<i>\$0</i>
	<i>More than 6 beds</i>	<i>\$175.00</i>	<i>\$6.25</i>
<i>*ICF/MR Only:</i>	<i>6 or fewer beds</i>	<i>\$325.00</i>	<i>\$0</i>
	<i>More than 6 beds</i>	<i>\$325.00</i>	<i>\$6.25"</i>

(ICF/MR means "Intermediate Care Facility for the Mentally Retarded", which is a specialized Medicaid facility that requires a Certificate of Need from the DFS Certificate of Need Section)

(PLEASE NOTE: PROJECT FEES WILL BE COLLECTED AT A LATER TIME BY THE DFS CONSTRUCTION SECTION. DO NOT SEND PROJECT FEES WITH THE INITIAL LICENSURE APPLICATION. ONLY SUBMIT THE LICENSE APPLICATION FEE, AS NOTED ABOVE, WITH THE INITIAL LICENSURE APPLICATION.)

Below is a list of licensable service types and facilities that require license application fees and project fees.

- .1300 Residential Treatment for Child/Adolescents
- .1500 Intensive Residential Treatment for Child/Adolescents
- .2100 Specialized Community Residential Center for Individuals with Developmental Disabilities
- .3100 Nonhospital Medical Detoxification for Individuals who are Substance Abusers
- .3200 Social Setting Detoxification for Substance Abuse
- .3400 Residential Treatment/Rehabilitation for Individuals with Substance Abuse Disorders
- .4100 Residential Recovery Programs for Individuals with Substance Abuse Disorders and Their Children
- .4300 Therapeutic Community
- .5000 Facility Based Crisis Service for Individuals of all Disability Groups
- .5100 Community Respite for Individuals of all Disability Groups
- .5200 Residential Therapeutic (Habilitative) Camps for Children and Adolescents of all Disability Groups
- .5600 Supervised Living for Individuals of all Disability Groups
- .6000 Inpatient Hospital Treatment for Individuals who have Mental Illness or Substance Abuse Disorders



PLEASE NOTE: When initially applying to the Division of Facility Services (DFS) for a license to operate a mental health facility as required under General Statute 122C, the following procedures apply:

A. Residential Facilities providing services to clients 24 hours on a live-in basis, Day Programs or combination facilities:

1. Submit cover letter briefly describing the services to be offered at the facility;
2. Submit completed application, DFS 4080 (REV 06/03);
3. Submit **ALL INFORMATION** ** listed under the PHYSICAL PLANT part of application.
4. For 24-hour (overnight) facilities, submit application fee if facility is being licensed with beds as described above under "License Application Fees for 24-Hour (overnight) Facilities."

**** NOTE: Use the following checklist provided to verify completion of the physical plant portion of your submittal. Incomplete applications will be returned to sender with a letter of explanation of what is incorrect or missing.**

Any INCOMPLETE APPLICATION PACKET will be returned to sender WITHOUT ANY PROCESSING

Zoning Approval*_____ Fire Inspection*_____ Sanitation Inspection*(if applicable)_____ Page 7 _____
Floor Plan_____ Pictures_____ Building Inspection Form* (if applicable)_____
Application Fee*** (facilities with beds only) _____

*Original inspection forms preferred, keep copy for your files

Page three

B. Standard Timeframe for Licensing:

1. When a **COMPLETED** application (including application fee for 24-hour or overnight facilities) is received by DFS – Mental Health Licensure and Certification Section, it takes approximately **1 week** to process before forwarding the application to the DFS Construction Section. *PLEASE NOTE: Day and outpatient program applications will be forwarded directly to licensing consultants since a physical plant review by the DFS Construction is not required for these facilities.*
2. **In addition** to the license application fee and as a result of House Bill 397, the DFS Construction Section will bill the applicant a project fee for reviewing the facility. To expedite this process, you may provide an e-mail address on the application where the fee statement can be sent. After DFS Construction receives the project fee, the applicant will be placed on their list for a site visit. Depending on the workload of the DFS Construction Section, the actual site visit may take up to **4 weeks** after the project fee has been received and the facility is placed on the list for a review. Once the site visit has been conducted, the DFS Construction Surveyor must then return to the office and process the paperwork.
 - If there are no deficiencies, DFS Construction Section will recommend licensure to the DFS – Mental Health Licensure and Certification Section.
 - If there are deficiencies, a Plan-of-Correction will be mailed out to the applicant and must be returned when all items have been completed.

The DFS Construction Surveyor may or may not have to do a return visit based on the type of deficiencies found.



3. Once DFS Construction Section sends their recommendation for licensure, it can take up to **1 – 2 weeks** before the applicant is contacted by a DFS – Mental Health Licensure and Certification Section consultant for a review of policies, procedures, personnel and training records, etc.
4. **THE DFS – MENTAL HEALTH LICENSURE AND CERTIFICATION SECTION WILL REVIEW, AT A MINIMUM (BUT NOT LIMITED TO), THE FOLLOWING AREAS:**
 - a. Policies and Procedures as set forth in 10A NCAC 27G (APSM 30-1);
 - b. Client Rights Policies and Procedures as set forth in 10A NCAC 27C, D, E, F (APSM 95-2); (will be checked to determine if they are on-site),
 - c. Staff orientation program;
 - d. Documentation of staff training in infectious diseases and blood borne pathogens;
 - e. Documentation of staff training in CPR and First Aid and Red Cross Lifesaving (Lifesaving only if the facility has a pool);
 - f. Documentation of Medication Administration and Client Rights Training; and
 - g. Documentation of any training required in Program Specific Rules (i.e. confidentiality, symptoms of substance abuse, development of individual treatment plans, etc.).

Feel free to contact the Construction Section at (919) 855-3893 or the Mental Health Licensure and Certification Section at (919) 855-3795 with any questions.

For further information, the DFS web site address is: <http://facility-services.state.nc.us/>



FREQUENTLY ASKED QUESTIONS

For purposes of the questions below and in order to make things flow more easily, we will refer to mental health, developmental disability and substance abuse facilities and services simply as “mental health” facilities and services. Below are a number of questions that routinely come into our office regarding licensure and the provision of mental health services. Below each question in *italics* is our response. We hope these questions/responses will help clarify issues which potential and new mental health providers may have.

1. Where and how do I get clients?

Clients are usually referred to a provider from an Area Mental Health Program. Area Mental Health Programs serve people residing in their geographic areas and will usually contract with licensed mental health providers to provide services for client's needing mental health care. It is imperative that mental health providers develop a relationship with the Area Program in their area prior to and after obtaining licensure.

2. Do I have to have a Qualified Professional or "Q"?

Most all mental health programs, whether 24-hour, day treatment, or outpatient treatment require the involvement of a Qualified Professional to assist in the development of the client's treatment/habilitation plan and to make sure outcomes are achieved. The type of service you are licensed to provide and the type of clients served will dictate the type of Qualified Professional you must have. Section .0100 of the mental health licensure rules contains definitions regarding the different types of qualified professionals there are and what their education and experience requirements must be.

3. Do I have to pay the Qualified Professional or "Q"?

There is no licensure rule which requires a mental health provider to pay the Qualified Professional, but we might add that we have never seen a “Q” that has worked for free. As their title implies, “Q”'s are professionals and are most likely going to charge a fee for their service. What and how to pay the Qualified Professional is a business decision and is governed by a variety of factors such as the number of hours worked per week by the “Q”, the specific services he/she provides and how many years of experience he/she has in their given field of expertise.

4. Do I have to be licensed before I can serve clients?

YES. Serving clients without first obtaining a license is a violation of the law. Specifically, North Carolina General Statute 122C-28 states: “Operating a licensable facility without a license is a Class 3 misdemeanor and is punishable only by a fine not to exceed fifty dollars (\$50.00), for the first offense and a fine, not to exceed five hundred dollars (\$500.00), for each subsequent offense. Each day's operation of a licensable facility without a license is a separate offense.”

5. Do all staff need training to work in the facility or to provide services?

YES. All staff must be trained and competent to provide services to mental health clients. Failing to have trained and competent staff in place to serve clients is a recipe for disaster. In such scenarios we have encountered in the past, failing to have trained and competent staff usually means: poor care for the clients which can possibly place their health and safety at risk, placing the health and safety of the staff at risk, and placing the provider at great risk for liability. Therefore, it is to everyone's benefit to have trained and competent staff and to everyone's detriment to do otherwise.



6. How do I get people trained? Where can I send them?

Staff training can be done by anyone that is competent in the area which staff are going to be trained. For example, training for medication administration must be done by a licensed registered nurse. Training for client rights, including restrictive interventions must be done by someone who has received training in these areas such that they are qualified to train others. We would recommend starting with your Qualified Professional as a resource for assisting, developing and even performing some of your training. Again, you may also want to contact your local Area Program and ask them if they have training resources available or ask if there is someone they can refer you who can help with getting your staff trained.

7. Do I need my staff in place for the initial licensure survey?

YES. DFS will not license a provider which does not have staff in place, ready to provide services when the license is issued.

8. How much money will I get for keeping clients?

Reimbursement of mental health services varies according to the population served (i.e. adults, minors, etc.), the disability which services are provided (i.e. mental illness, developmental disabilities or substance abuse problems), and the funding source used for reimbursement (i.e. Medicaid, Special Assistance, etc.).

9. Do you know of any consultants who can write policies?

DFS does not keep a list of consultants who can write policies and procedures for potential mental health providers.

10. What are the fee's charged to open a facility?

Licensure Fee: "The Department shall charge facilities licensed under this Chapter that have licensed beds a nonrefundable annual base license fee plus a non-fundable annual per-bed fee as follows:

<u>Type of Facility</u>	<u>Number of Beds</u>	<u>Base Fee</u>	<u>Per-Bed Fee</u>
Facilities (non-ICF/MR):	<i>6 or fewer beds</i>	<i>\$125.00</i>	<i>\$0</i>
	<i>More than 6 beds</i>	<i>\$175.00</i>	<i>\$6.25</i>
ICF/MR Only:	<i>6 or fewer beds</i>	<i>\$325.00</i>	<i>\$0</i>
	<i>More than 6 beds</i>	<i>\$325.00</i>	<i>\$6.25"</i>

Below is a list of licensable service types and facilities that require license application fees and project fees:

.1300 Residential Treatment for Child/Adol	.1500 Intensive Residential Treatment for Child/Adol
.2100 Specialized Community Res. Ctr. for Ind. w/DD	.3100 Nonhospital Medical Detox for Ind. w/SA
.3200 Social Setting Detox. for SA	.3400 Residential Tx for SA
.4100 Res. Recovery for Ind. w/SA and Their Children	.4300 Therapeutic Community
.5000 Facility Based Crisis for Ind. of all Disability Groups	.5100 Community Respite for Ind. of all Disability Groups
.5200 Therapeutic Camps for Child/Adol of all Disability Groups	.5600 Supervised Living for Ind. of all Disability Groups
.6000 Inpatient Hospital Tx for Ind. w/MI or SA	

Construction fee: "The Department of Health and Human Services shall Charge a fee for the review of each health care facility construction project to ensure that project plans and construction are in compliance with Satae Law.

<i>ICF/MR Group Homes</i>	<i>\$137.00 flat fee</i>
<i>Group Homes: 1-3 Beds</i>	<i>\$ 50.00 flat fee</i>
<i>Group Homes: 4-6 beds</i>	<i>\$ 87.00 flat fee</i>
<i>Group Homes 7-9 beds</i>	<i>\$112.00 flat fee</i>



INITIAL LICENSURE APPLICATION FOR MH/DD/SAS FACILITIES

Office use only: License Number: MHL- _____ - _____ FID# _____

1. FACILITY NAME: _____

(Name which the facility is advertised or presented to the public or the exact name to be shown on license)
(Refer to this facility name in ALL inquiries)

2. FACILITY SITE ADDRESS: (NO P.O. BOXES)

Street: _____

City _____ Zip Code _____ County _____

*Facility Telephone Number (_____) _____ Fax Number (_____) _____

*must be installed and operable prior to licensing-*not allowed to be a cell phone.*

FACILITY CORRESPONDENCE MAILING ADDRESS:

To: _____

Street: _____

City _____ Zip Code _____ County _____

Email Address: _____

3. NAME OF FACILITY DIRECTOR: _____

4. NAME OF CONTACT PERSON: _____

Title: _____

Telephone Number: (_____) _____ Fax number: (_____) _____

AUTHENTICATING SIGNATURE: This undersigned, representing the governing authority, submits information for the above named facility and certifies the accuracy of this information in accordance with 10A NCAC 27G.

Name: _____ Title: _____

Signature: _____ Date: _____

New **Initial applications** with all physical plant information should be sent directly to the Raleigh office address at top of this page. Direct all questions concerning the licensing process to the Mental Health Licensure and Certification Section Raleigh office at (919) 855-3795 FAX: (919) 715-8078 OR Asheville office at (828) 232-5084 fax: (828) 232-2433.

ALL APPLICATIONS MUST BE MAILED AND MUST HAVE AN ORIGINAL SIGNATURE.

OFFICIAL USE ONLY: DFS Form 4080

Licensure Categories: _____

Licensure Recommendation: _____

Remarks: _____

DFS Consultant: _____



5. LEGAL IDENTITY OF OWNERSHIP/LICENSEE:

Full legal name of individual, partnership, corporation or other legal entity which owns the mental health facility business. Owner/Licensee means any person/business entity who has legal or equitable title to or a majority interest in the mental health facility. This entity is responsible for financial and contractual obligations of the business and will be recorded as the licensee on the license.

Name: _____

Address: _____

City _____ State _____ Zip Code _____

Business Phone # of Applicant/Licensee: (____) _____ Fax (____) _____

(a) Social Security Number/Federal Tax ID number of Owner/Licensee: _____

We ask that you voluntarily provide your social security number here and where subsequently requested in this document with the understanding that it will be used only as an identification number for internal record keeping and data processing

(b) Legal entity is: _____ For Profit _____ Not for Profit

(c) Legal entity is: _____ Proprietorship
 _____ Corporation _____ Limited Liability Company
 _____ Partnership _____ Limited Liability Partnership
 _____ Government Unit

(d) If the "licensee" is a corporation or partnership list the name and other requested information of the Executive Officer or General Partner.

Name: _____ Social Security Number: _____

Address: _____

Telephone Number: (____) _____ Fax Number: (____) _____

Percentage interest in this facility: _____

(e) Does the above entity (partnership, corporation, etc.) own the building from which services are offered?
 YES____ NO____

If "NO", give the name, address, phone number of building owner:

 (____) _____

(f) If **NO** individual holds an interest of 5% or more please indicate so by signing the statement below.

There are no owners, partners, affiliates of shareholders who hold an interest of 5% or more of the entity applying for or renewing a license:

Signature

Title

Date



(g) List the names and other requested information on all individuals or entities who are owners, partners, affiliates or **shareholders holding an interest of 5% or more** of the applicant entity. Attach additional pages if necessary.

Name: _____ Social Security Number: _____

Address: _____

Telephone Number: (____) _____ Fax Number: (____) _____

Percentage interest in this facility: _____

Name: _____ Social Security Number: _____

Address: _____

Telephone Number: (____) _____ Fax Number: (____) _____

Percentage interest in this facility: _____

Name: _____ Social Security Number: _____

Address: _____

Telephone Number: (____) _____ Fax Number: (____) _____

Percentage interest in this facility: _____

Name: _____ Social Security Number: _____

Address: _____

Telephone Number: (____) _____ Fax Number: (____) _____

Percentage interest in this facility: _____

Name: _____ Social Security Number: _____

Address: _____

Telephone Number: (____) _____ Fax Number: (____) _____

Percentage interest in this facility: _____

Name: _____ Social Security Number: _____

Address: _____

Telephone Number: (____) _____ Fax Number: (____) _____

Percentage interest in this facility: _____

6. EXTENSIONS IN OWNERSHIP:

North Carolina General Statute also requires information about "affiliates" of the applicant entity. "Affiliate" means any individual, partnership, or corporation which controls a mental health facility and is also directly or indirectly controlled by the applicant entity; or any individual, partnership, or corporation which controls a mental health facility and also directly or indirectly controls the applicant entity.

(a) Is the applicant entity controlled by any other organization that operates licensed mental health facility?

Yes _____ No _____

(b) Does the applicant entity control any other organizations that control any other licensed mental health facilities? Yes _____ No _____

(c) If the answer to (a) or (b) above is "Yes" list the name of the other organization(s) and provide the requested information on the individuals who control 5% or more of that organization.*

Organization Name: _____ **Federal Tax ID Number:** _____

Address: _____

Telephone Number: (____) _____ **Fax Number:** (____) _____

**Attach additional pages if necessary.*

7. MANAGEMENT COMPANY

Is this facility being managed by the licensee? _____ Yes _____ No

If answered **no** above, give the following information about the management company:

Name: _____

Address: _____

Telephone Number: (____) _____ **Fax Number:** (____) _____

8. AREA AUTHORITY

Does this facility have a contract with one or more area mental health, development disability and substance abuse authority? _____ Yes _____ No

If so, please list the name(s) of area authority or authorities:

9. DO YOU HAVE A CERTIFICATE OF NEED? Yes ☐ No ☐

Required for the following service categories: .2100, .3100, .3200, .3400, .5600 only when ICF/MR facility

If yes, CON Number _____ Date _____



10. SERVICE CATEGORIES:

Services subject to licensure under G.S. 122C are shown in the table below and are **found in the Rules For Mental Health, Developmental Disabilities and Substance Abuse Facilities and Services** book. All applicants (initial and renewal) must complete the following table for all services which are to be provided by the facility. If the service is not offered, leave the spaces blank.

Rule 10A NCAC 27G Licensure Rules For Mental Health Facilities	Check Service of License	Beds Assigned by Age		
		0-17	18 & up	Total Beds
.1100 Partial hospitalization for individuals who are acutely mentally ill.				
.1200 Psychosocial rehabilitation facilities for individuals with severe and persistent mental illness				
.1300 Residential treatment facilities for children and adolescents who are emotionally disturbed or have a mental illness (Max. of 12 clients)				
.1400 Day treatment for children and adolescents with emotional or behavioral disturbances				
.1500 Intensive residential treatment facilities for children & adolescents who are emotionally disturbed or who have a mental illness (Max. of 12 clients in each unit)				

.2100 Specialized community residential centers for individuals with developmental disabilities. (Max. of 30 clients) (CON Required)				
.2200 Before/after school and summer developmental day services for children with or at risk for developmental delays, developmental disabilities, or atypical development				
.2300 Adult Developmental and vocational programs for individuals with developmental disabilities				

Rule 10A NCAC 27G Licensure Rules For Mental Health Facilities	Check Service of License	Beds Assigned by Age		
		0-17	18 & up	Total Beds
.3100 Non-hospital medical detoxification for individuals who are substance abusers (CON Required)				
.3200 Social setting detoxification for substance abuse (CON Required)				
.3300 Outpatient detoxification for substance abuse				
.3400 Residential treatment/rehabilitation for individuals with substance abuse disorders (CON Required)				
.3500 Outpatient facilities for individuals with substance abuse disorders				
.3600 Outpatient narcotic addiction treatment				
.3700 Day treatment facilities for individuals with substance abuse disorders				
.4100 Therapeutic homes for individuals with substance abuse disorders and their children (min. 3 clients)				
.4300 A supervised therapeutic community for individuals with substance abuse disorder				

Rule 10A NCAC 27G Licensure Rules For Mental Health Facilities	Check Service of License	Beds Assigned by Age		
		0-17	18 & up	Total Beds
.5000 Facility based crisis service for individuals of all disability groups				
.5100 Community respite services for individuals of all disability groups				
.5200 Residential therapeutic (habilitative) camps for children and adolescents of all disability groups				
.5400 Day activity for individuals of all disability groups				
.5500 Sheltered workshops for individuals of all disability groups				

Rule 10A NCAC 27G Licensure Rules For Mental Health Facilities	Check Service of License	Beds Assigned by Age		
		0-17	18 & up	Total Beds
.5600 supervised living for individuals of all disability groups (CON required for ICF/MR facility)				
5600A Group homes for <u>adults</u> whose primary diagnosis is mental illness (Max. of 6 clients)				
5600B Group homes for <u>minors</u> whose primary diagnosis is mental retardation or other developmental disabilities (Max. of 6 clients)				
.5600C Group homes for <u>adults</u> whose primary diagnosis is mental retardation or other developmental disabilities (Max. of 6 clients)				
.5600D Group homes for <u>minors</u> with substance abuse problems				
.5600E Half-way houses for <u>adults</u> with substance abuse problems				
.5600F Alternative family living – providing service in own private residence (Max. 3 clients)				

11. NUMBER OF CLIENTS FOR WHICH THE FACILITY IS GOING TO BE LICENSED:

_____ Ambulatory (number that are able to evacuate without assistance)
 _____ Non-Ambulatory, 1-3
 _____ Non-Ambulatory, More than 3

(In order to be classified as ‘ambulatory’ a person must be able to evacuate the building without physical or verbal assistance during a fire or other emergency”.

12. NUMBER AND AGE(s) OF PEOPLE OTHER THAN CLIENTS RESIDING WITHIN THE FACILITY:

Are any of these non-ambulatory? Yes ☐ No ☐



PHYSICAL PLANT:

Please fill in EACH inspection Department information:

1. Authorities Having Jurisdiction

Local Building Official:

Department and Inspector's Name: _____

Address _____

City _____ County _____

Telephone ____ (____) _____

Local Fire Marshal:

Department and Inspector's Name _____

Address _____

City _____ County _____

Telephone ____ (____) _____

Local Sanitation:

Department and Inspector's Name _____

Address _____

City _____ County _____

Telephone ____ (____) _____

2. Building Information:Has the building housed a licensed facility previously? Yes ☐ No ☐

If Yes: Type of licensed facility _____

Previous License # _____ Dates of Licensure From _____ To _____

Does this building(s) contain facilities licensed for a different use other than the one an initial license is being sought for? Yes ☐ No ☐

If Yes, please clarify _____

Is the building a site constructed home or a manufactured/mobile home? _____

(*If it is a manufactured/mobile home – contact the DFS Construction Section for licensure limitations on this type of structure)

If it is a manufactured/mobile home, was it built after 1976? Yes ☐ No ☐

3. Procedures to follow:

The following are procedures to follow when submitting information on the Physical Plant portion for the proposed licensed facility. All information for 24-hour facilities will be forwarded to the DFS Construction Section once received as a complete packet to the DFS – Mental Health Licensure and Certification Section.

A. For **24-hour residential programs** submit the following:

1. A floor plan that clearly indicates all spaces within the building. Specify the following on the plans:
 - a. Floor plans for all levels including basements and upstairs levels,
 - b. The dimensions of all bedrooms, excluding any toilet and bath areas,
 - c. Identify the use of all spaces and clarify the location of all client bedrooms (double or single occupancy),
 - d. Indicate location of all doors and provide dimensions of all exterior doors,
 - e. Indicate location of all windows providing dimensions of bedroom windows and sill height of bedroom windows above the finished floor.
 - f. Indicate the location of all smoke detectors within the facility and note whether they are battery operated or wired into the house current with battery backup. Are they interconnected?
2. Include exterior photos of all sides of the building.
3. Include interior photos of the kitchen, living areas, bedrooms, etc.
4. Provide directions coming from Raleigh or a map from the nearest major highway, street or intersection clearly showing the location of the facility.
5. **Provide documentation that the proposed facility is approved through the local Zoning Department for the proposed use.** (This approval is usually through local county planning department)
6. Provide a copy of the **local Fire Marshal's Inspection Report**.
7. Provide a copy of the **local Sanitarian's Report** (verify it notes full licensed capacity).
8. Provide a copy of the **local Building Officials approval** (if applicable in the jurisdiction).

NOTE: All newly licensed facilities are required to meet the current North Carolina State Building Code requirements for smoke detection. This requirement provides an equivalency to the Mental Health Licensure Rule – 27G .0304(b)(2) which takes the place of having to provide fire retardant mattresses.

B. For **Day Programs** we must receive the following:

1. A floor plan of the entire building or floor within a building which houses the intended space to be licensed indicating the following:
 - a. Dimensions and uses of rooms to be licensed.
 - b. Exits from the licensed space and overall building.
 - c. Toilet areas and other required support spaces.
2. Include photographs of the exterior of the facility.
3. Provide interior photos of the proposed licensed space.
4. Provide directions or a map from the nearest major highway, street or intersection clearly showing the location of the facility.
5. Provide a copy of the **local Fire Marshal's Inspection Report**.
6. Provide a copy of the **local Sanitarian's Inspection report** (if serving any food),
7. Provide a copy of the **local Building Official's approval** if new construction, if renovations done on the space or a change of occupancy use of the space. *(If existing business occupancy and it is only a change of tenant use, we do not need documentation from the Building Department.)*

PHOTOGRAPHS

NAME OF FACILITY: _____

COUNTY: _____

Please attach photos of your facility, as required, to this sheet and add other blank sheets as needed. **Please label each photograph as to identity of room** within the facility and **also on the back of the photo identify with the name and address of the facility** (to help identify picture should they get separated) Thank you.

MENTAL HEALTH SURVEY FORM

THIS FORM MAY BE USED TO ASSIST YOU IN ASSURING
THAT YOUR POLICY AND PROCEDURE MANUAL IS
COMPLETE.

Policies and Procedures Worksheet

Facilities Licensed Under N.C.G.S. 122-C-10A NCAC --Subchapter 27G

Facility:	MHL#:	27G Code(s):	County:
	-		

Consultant:	Date: / /	Time Begin:	Time End:
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SECTION .0200 OPERATION AND MANAGEMENT RULES

.0201 Governing Body Policies

- | | |
|---|---|
| <input type="checkbox"/> Delegation of Mgmt authority
<input type="checkbox"/> Admission criteria
<input type="checkbox"/> Discharge criteria
<input type="checkbox"/> Who will perform assessments
<input type="checkbox"/> Assessment time-frame
<input type="checkbox"/> Persons authorized to document in client rec
<input type="checkbox"/> Transporting records
<input type="checkbox"/> Safeguarding of records
<input type="checkbox"/> Accessibility of records to auth. persons
<input type="checkbox"/> Assurance of confidentiality of records
<input type="checkbox"/> Assessment of presenting problem
<input type="checkbox"/> Assessment of ability to provide service(s)
<input type="checkbox"/> Disposition of client
<input type="checkbox"/> QA/QI activities and composition
<input type="checkbox"/> Written plan for QA/QI
<input type="checkbox"/> Methods of monitoring client care
<input type="checkbox"/> Qualified supervision
<input type="checkbox"/> Intervention Advisory Committee | <input type="checkbox"/> Strategies for improving client care
<input type="checkbox"/> Staff credentialing/privileging
<input type="checkbox"/> Review of fatalities
<input type="checkbox"/> Standard of practice
<input type="checkbox"/> Medication usage - use Section .0207 for a detailed check list.
<input type="checkbox"/> Incident reporting
<input type="checkbox"/> Voluntary non-compensated work by client
<input type="checkbox"/> Fee assessment & collection
<input type="checkbox"/> Medical emergency plan
<input type="checkbox"/> Authorization for F/U of lab tests
<input type="checkbox"/> Transportation
<input type="checkbox"/> Safety precautions
<input type="checkbox"/> Volunteers-confidentiality requirements
<input type="checkbox"/> Staff training & CEU's
<input type="checkbox"/> Client grievance policy
<input type="checkbox"/> Infectious Disease |
|---|---|

Notes:



.0209 Medication Requirements	
<input type="checkbox"/> Meds dispensed only by written MD order <input type="checkbox"/> Dispensing of meds by Licensed pers. only <input type="checkbox"/> Take-home Methadone to be given to Client by Registered Nurse only <input type="checkbox"/> Facilities shall not keep prescription drugs for dispensing w/o a Pharmacist, except for emerg. use. A small supply of samples may be kept & locked by an MD <input type="checkbox"/> Non-prescribed drug containers not dispens. by a Pharmacist must have the original label with expiration dates visible <input type="checkbox"/> Prescription meds. must be dispen. In tamper-resistant packaging <input type="checkbox"/> Label on presc. meds must Include: Ct's name; MD's name; disp. date; admin. directions; name, strength, quantity, and, expiration date of drug; name and address of pharmacy, name of Pharmacist <input type="checkbox"/> Med admin. by written MD order only <input type="checkbox"/> Meds only self-admin by written MD order <input type="checkbox"/> Med admin. by trained staff only <input type="checkbox"/> 6-month drug review by a Psychiatrist or Pharmacist required if taking Psychotropics	<input type="checkbox"/> MAR must be kept current <input type="checkbox"/> MAR must have: ct's name; name, strength & quantity of drug; instructions for admin; date & time of admin; initials of person admin. drug <input type="checkbox"/> Ct request for med changes/checks on MAR <input type="checkbox"/> Non-controlled meds must be disposed of by flushing, or returned to the pharmacy <input type="checkbox"/> Controlled meds must be disposed of by the Rules in NC Controlled Substance Act GS 90 <input type="checkbox"/> Docum. of disposal in record w/Ct's name, med. name, strength, quantity, disposal date & method, signature of disposer & witness <input type="checkbox"/> At D/C of ct meds shall be disposed of immed. <input type="checkbox"/> Meds must be locked <input type="checkbox"/> Fridge meds must be in separate locked container <input type="checkbox"/> Meds must be stored separately for each ct. <input type="checkbox"/> Meds must be stored separately for internal & external use <input type="checkbox"/> In a secure place for approved self-administering <input type="checkbox"/> A facility must be registered under GS 90, Article 5 if controlled substances are on premises <input type="checkbox"/> Staff is responsible for informing the MD of the review results if medical intervention is indicated
<input type="checkbox"/> Findings from drug review recorded in clients record w/ corrective action plan <input type="checkbox"/> Meds prescribed by an area program MD will give written or oral instructions <input type="checkbox"/> Med education will be enough to allow for ability to make informed consent	<input type="checkbox"/> The area program will have written docum. in ct's record that education was given, to whom & in what format <input type="checkbox"/> Med errors are to be recorded in MAR <input type="checkbox"/> Med refusal or adverse reactions recorded <input type="checkbox"/> Severe reactions to be immediately reported to MD or Pharmacist

Notes:



CLIENT RIGHTS IN COMMUNITY MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE SERVICES

SUBCHAPTER 27D-GENERAL RIGHTS

.0101 Policy On Rights Restrictions And Interventions

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Alleged/suspected-abuse/neglect/
exploitation must be reported to area DSS <input type="checkbox"/> Safeguards are used when meds present an
increased risk to ct. (ie-neuroleptics) <input type="checkbox"/> ID prohibited restrictive interventions <input type="checkbox"/> 24-hr facility-Identify circumstances when
staff can not restrict the rights of clients <input type="checkbox"/> ID allowed restrictive interventions <input type="checkbox"/> Staff responsible for informing ct. <input type="checkbox"/> Due process procedure for ct. refusing rest.
inter. <input type="checkbox"/> ID staff responsible for giving written
permission
for 24-hr restrictive intervention <input type="checkbox"/> ID staff responsible for review of restrictive
interv. <input type="checkbox"/> Process of appeal for disagreement over
planned use of restrictive interventions | <ul style="list-style-type: none"> <input type="checkbox"/> Client's physical and psychological well-being to
include: review of the client's health history or
comprehensive health assessment; continuous
assessment and monitoring of the client's
physical psychological well-being throughout the
duration of restrictive intervention; continuous
monitoring of the client 's physical and
psychological well-being by a staff trained in
CPR; and continued monitoring of the client's
well-being for a minimum of 30 minutes a staff
trained in CPR to <input type="checkbox"/> Following the use of rest. inter. the staff shall
conduct debriefing and planning with
the client and legal responsible person. This
process should be conducted based on the
cognitive functioning of the client. |
|---|--|

.0102 Suspension And Expulsion Policy

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> No ct shall be threatened w/ unwarranted
suspension or expulsion <input type="checkbox"/> Policy & criteria for suspension <input type="checkbox"/> Time & conditions for resuming services | <ul style="list-style-type: none"> <input type="checkbox"/> Doc. of efforts to make alternative services
avail <input type="checkbox"/> Discharge plan, if any |
|--|--|

.0103 Search And Seizure Policy

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Ct should have privacy <input type="checkbox"/> Policy on searches/seizures of ct's
possessions (including circumstances) | <ul style="list-style-type: none"> <input type="checkbox"/> Doc. of search/seizure including: scope, search,
reason, procedures followed, account of
disposition of seized property |
|---|--|

.0104 Periodic Internal Review

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Facility shall conduct a review at least every
3 years to check for compliance with
applicable laws | <ul style="list-style-type: none"> <input type="checkbox"/> The governing body will keep the last 3 written
reports of the findings of the reviews |
|--|---|

Notes: _____



SECTION .0200 INFORMING CLIENTS AND STAFF OF RIGHTS

- | | |
|--|---|
| <input type="checkbox"/> Written clients rights given to ct. or guardian
<input type="checkbox"/> Each ct must be informed of right to contact Governor's Advocacy Council
<input type="checkbox"/> Within 72 hours or three visits ct's will be informed of rules, and violation penalties; disclosure rules for confidential info; procedure for obtaining a copy of treatment plan; grievance procedures (incl. Contact person); suspension/expulsion; and search and seizure | <input type="checkbox"/> In facilities using restrictive interventions-within 72 hours or 3 visits ct's will be informed of the purpose, goal, & reinforcement structure of a behavior mgmt system; potential restrictions; notification provisions regarding use; notice that the legally responsible person after use of restr. interv.; a competent adult may designate an indiv. to receive information after rest. int.; and notification provisions re: restriction of rights
<input type="checkbox"/> Doc. in record that rights were explained |
|--|---|

- | | |
|--|---|
| <input type="checkbox"/> Written policy on informing staff of clients rights | <input type="checkbox"/> Doc. of receipt of information by each staff |
|--|---|

SECTION .0300 GENERAL CIVIL, LEGAL, AND HUMAN RIGHTS
--

.0301 Social Integration

- | | |
|--|---|
| <input type="checkbox"/> Ea. ct. will be encouraged to participate in activities | <input type="checkbox"/> Ct's will not be prohibited from activities unless restricted in writing in ct. record |
|--|---|

.0302 Client Self-Governance

- | |
|---|
| <input type="checkbox"/> Written policy-allows ct input into facility governance & development of ct self-governance groups |
|---|

.0303 Informed Consent

- | | |
|---|---|
| <input type="checkbox"/> Ct will be informed about the alleged benefits, potential risks, and alternative treatments
<input type="checkbox"/> Ct will be informed about the length of time the consent is valid and procedure to w/d consent
<input type="checkbox"/> Consent for use of restrictive interventions valid for 6-months | <input type="checkbox"/> Written consent needed for planned interventions
<input type="checkbox"/> Written consent needed for antabuse & Depo-Provera, when used for non-FDA approved uses
<input type="checkbox"/> Ct's have a right to refuse treatment, shall not be threatened with termination
<input type="checkbox"/> Doc. of informed consent in ct's record |
|---|---|

.0304 Protection From Harm, Abuse, Neglect, or Exploitation

- | | |
|--|---|
| <input type="checkbox"/> Staff will protect clients from harm, abuse, neglect, and exploitation
<input type="checkbox"/> Staff will not inflict harm, abuse, neglect, or exploit ct's
<input type="checkbox"/> Goods/Services will not be sold to or purchased from ct's except through established policy | <input type="checkbox"/> Staff will only use the degree of force necessary to repel or secure a violent/aggressive ct and which is permitted by the policies. The degree of force necessary depends on the characteristics of the ct and degree of aggressiveness. Use of interventions in agreement with 10A NCAC 27D
<input type="checkbox"/> Any violation of this rule by staff is grounds for dismissal |
|--|---|

Notes:



SUBCHAPTER 27E-TREATMENT OR HABILITATION RIGHTS

SECTION .0100 PROTECTIONS REGARDING INTERVENTION PROCEDURES

If the facility uses Seclusion, Restraints, and Isolation Time Out's this section must be checked in the rulebook and must be reflected in the facilities policy and procedure manual.

.0101 Least Restrictive Alternative

- | | |
|---|--|
| <input type="checkbox"/> Facilities shall provided services using the least restrictive, most appropriate and effective positive treatment policy | <input type="checkbox"/> Treatment methods shall include: deliberative teaching & reinforcement of behaviors which are non-injurious; improvement of conditions assoc. w/non-injurious behaviors, i.e. enriched social and educational environment; alteration or elimination of environmental conditions correlated w/self injury |
| <input type="checkbox"/> The use of restrictive interventions, to reduce a behavior will be used with positive treatment or habilitation methods | |

.0102 Prohibited Procedures

- | | |
|---|--|
| <input type="checkbox"/> The following procedures are prohibited:
corporal punishment; painful body contact; substances which create painful bodily reactions; electric shock; insulin shock; unpleasant tasting foodstuffs; application of noxious substances (noise, bad smells, splashing with water); physically painful procedures to reduce behavior | <input type="checkbox"/> The governing body may determine to prohibit use of any interventions deemed unacceptable |
|---|--|

Notes: _____



.0103 General Policies Regarding Intervention Procedures

☐ The following procedures can only be used when clinically/medically indicated as a method of treatment: planned non-attention to specific undesirable behaviors when they are health threatening; contingent deprivation of any basic necessity; or professionally acceptable behavior modification procedures not prohibited by rules .0102 or .0104

☐ The determination that a procedure is clinically/medically indicated, and the authorization for use of such a treatment for a specific ct, can only be made by a physician or a licensed Ph.D. who has been formally trained and privileged in the use of a procedure

.0104 Seclusion, Restraint, and Isolation Time Out

☐ Use of restrictive interventions shall be limited to emergency situations (to terminate dangerous behavior) or as a planned measure of therapeutic treatment

☐ Rest. interv. will not be used as retaliation or convenience of staff, & will not cause harm

☐ Written policy delineates use of rest. interv.

☐ Written policy when rest. interv. is used must be written and approved by the Commission and must follow rules 27E .0104(e)(1)(A-D) or the facility must have provisions included in the next box.

☐ (e)(2) Review of the client's health history or the client's comprehensive health assessment conducted upon admission to a facility. The assessment shall include pre-existing medical conditions or any disabilities and limitations that would put the client at risk during the restrictive intervention; continuous assessments and monitoring of the client's physical psychological well-being throughout the duration of restrictive intervention by a staff present and trained in restrictive intervention; continuous monitoring of the client's physical and psychological well being by a staff trained in CPR during the use of the restraint; and continued monitoring of the client's physical and psychological well being by a staff trained in CPR for a minimum of 30 minutes to the termination of restrictive intervention.

Notes: _____



.0104 Seclusion, Restraint, and Isolation Time Out (Continued)

- | | |
|---|---|
| <ul style="list-style-type: none"><input type="checkbox"/> If the facility complies with (e)(2) then the following provisions apply: any room used for seclusion will comply with 8(A-I).<input type="checkbox"/> When rest. interv. is used documentation in the ct. record will include: notation of the client's physical and psychological well being, notation of the frequency, intensity, & duration of behavior leading to rest. interv. and circumstances leading to the behavior; rationale for using rest. interv. which addresses the inadequacy of less restrictive techniques; description of intervention and date, time, & duration of use; description of accompanying positive methods of intervention; a description of the debriefing and planning with the client and legal responsible person for the emergency use of seclusion, physical restraint or isolation time-out; a description of the debriefing and planning with the client and the legal responsible person for the planned use of seclusion, physical restraint or isolation time-out; and signature & title of staff who initiated and the staff who further auth. the use of intervention.<input type="checkbox"/> Emergency use of rest. interv. will be limited to: staff privileged to use rest. interv. based on experience & training; continued use of interv. will be auth'd only by staff privileged to use rest. interv.; the responsible staff will meet with & conduct an assessment that includes the physical and psychological well being of the client & write a continuation auth. ASAP after the time of initial use of rest. interv.; verbal auth can be given if responsible staff concurs that it is justified; verbal auth. will not exceed 24 hours; and a written order for seclusion, physical restraint or isolation timeout is limited.<input type="checkbox"/> When a ct is in seclusion or physical restraint they must be observed ≤ 15 minutes; ct will be allowed meals, bathing, and toilet use; both of which must be recorded in the client record<input type="checkbox"/> When rest. interv. is used as a planned intervention the facility policy shall specify consent or approval valid for no more than 6 | <ul style="list-style-type: none"><input type="checkbox"/> When a ct is in isolation time-out there will be staff solely to monitor client, there will be continued visual and verbal interaction which will be documented in the client record<input type="checkbox"/> When a ct is in physical restraint staff will remain with the client continuously.<input type="checkbox"/> Rest. interv. will be discontinued ASAP or within 30 minutes of behavior control, new auth must be obtained for rest. interv. over 30 minutes to four hours for adult clients; two hours for children and adolescent clients ages nine to 17; or one hour for clients under nine. The original order shall be renewed with these limits or up to a total of 24 hours.<input type="checkbox"/> Written approval required for rest. interv exceeding 24 hours.<input type="checkbox"/> Standing orders or PRN orders shall not be used to authorize the use of restrictive intervention.<input type="checkbox"/> Doc of rest. interv. \geq must be in ct record.<input type="checkbox"/> When rest. interv. is used notification to the treatment team, & designee of the governing body, must occur ASAP or within 72hrs.<input type="checkbox"/> Review & report of rest. interv. must be conducted regularly; investigations of unusual or unwarranted patterns of utilization.<input type="checkbox"/> Documentation shall be maintained on a log including: name of ct; name of responsible staff; date, time, type, duration, reason for intervention, positive and less restrictive alternatives used or considered and why used, debriefing and planning conducted to eliminate or reduce the probability of future use of restrictive interv., and negative effects of the restrictive interv. on the physical and psychological well being of the client.<input type="checkbox"/> The facility shall collect and analyze data on the use of seclusion and restraint on the following: the type of procedure used and length of time employed; the alternatives considered or employed; and the effectiveness of the procedure or alternative employed.<input type="checkbox"/> Ct's are able to request voluntary rest. interv. |
|---|---|



<p>months based on recent behavioral evidence intervention is positive and continues to be needed.</p> <p>.0104 Seclusion, Restraint, and Isolation Time</p>	
<p><input type="checkbox"/> Rest. interv. can be considered a planned interv. and will be included in the ct's t treatment plan when used: $\geq 4X$, or ≥ 40hrs., in 30 consecutive days; in a single episode for ≥ 24 continuous hours in an emergency; or as a measure of therapeutic treatment designed to reduce behavior to allow less restrictive treatment.</p> <p><input type="checkbox"/> When rest. interv. is used as a planned intervention the facility policy shall specify consent or approval valid for no more than 6 months based on recent behavioral evidence intervention is positive and continues to be needed.</p> <p><input type="checkbox"/> Prior to initiation or continued use of planned intervention, written consent/approval in client record – approval of plan by professional and treatment team, consent of client or legally responsible person, notification of client advocate, and physician approval.</p> <p><input type="checkbox"/> Documentation in client record regarding use of planned intervention shall indicate: description and frequency of debriefing. Debriefing shall be conducted to the level of functioning of the client; bi-monthly evaluation of the planned intervention by the responsible professional; and review at least monthly by the treatment/hab. team that approved the planned intervention.</p>	<p>Out (Continued)</p>

Notes:



.0105 Protective Devices

- | | |
|---|--|
| <input type="checkbox"/> When protective devices are used a written policy will ensure that: the need has been assessed and the device applied by staff trained and privileged to do so; it is the most appropriate treatment; the ct is frequently observed & given opportunity to use the toilet, exercise, and is monitored every hour | <input type="checkbox"/> Documentation and interventions will be recorded in ct's record
<input type="checkbox"/> Protective devices are to be cleaned regularly
<input type="checkbox"/> Facilities operated by or under contract with an area program will be subject to review by the clients rights committee.
<input type="checkbox"/> Use of devices will comply with .0104 |
|---|--|

.0107 Intervention Advisory Committees (only if restrictive interventions are used)

- | | |
|--|--|
| <input type="checkbox"/> An Intervention Advisory Committee will be established to provide additional safeguards in a facility using restrictive interventions
<input type="checkbox"/> The Intervention Advisory Committee should have at least one member who has been a member of direct services or a close relative of a consumer and: for an area program facility the Interv. Advis. Comm. will be the Clients Rights Committee; in a facility not operated by an area program, the Interv. Advis. Comm. will be the Human Rights Committee; or a facility will have a committee will have 3 citizens who are not employees or members of the governing body | <input type="checkbox"/> Intervention Advisory Committees shall have a member or regular independent consultant who is a professional with training and expertise in the use of the type of interventions who is not directly involved in the treatment of the client
<input type="checkbox"/> The Interv. Advis. Comm. will have a policy that governs the operations and states that ct info will only be given to committee members when necessary to perform duties
<input type="checkbox"/> Interv. Advis. Comm. will receive specific training & orien., be provided w/copies of related statutes and rules, maintain minutes of each meeting, and make an annual written report to the gover. Body on activities of the committee |
|--|--|

.0201 Safeguards Regarding Medications

- | | |
|--|--|
| <input type="checkbox"/> Use of experimental drugs is research and will be governed by GS 122C-57(f) | <input type="checkbox"/> Use of other drugs as a treatment measure shall be governed by GS 122C-57, GS 90 Articles 1, 4A, & 9A |
|--|--|

Notes: _____



SUBCHAPTER 27F- 24-HOUR FACILITIES

.0100-SPECIFIC RULES FOR 24-HOUR FACILITIES

0101. Scope

☐ Article 3, Chapter 122C of the General Statutes provides specific rights for each client who receives a mental health, developmental

Disability, or substance abuse service. This Subchapter delineates the rules regarding those rights that in a 24-hour facility.

.0102 Living Environment

☐ Efforts to make a quite atmosphere for uninterrupted sleep, privacy areas

☐ Ct may suitably decorate room, when appropriate

.0103 Health, Hygiene, and Grooming

☐ Ct will have the right to dignity, privacy, and humane care in health, hygiene, and grooming
☐ Ct's will have access to a shower/tub daily or more often as needed; access to a barber or beautician, access to linens and towels, and other toiletries

☐ Ct's bathtubs, showers, and toilets will be private
☐ Adequate toilets, lavatory, and bath facilities equipped for use by a ct with a mobility impairment will be available

.0104 Storage and Protection of Clothing and Possessions

☐ Staff will make effort to protect ct's personal clothing & possessions from loss or damage

.0105 Client's Personal Funds

☐ Ea. ct will be encouraged to maintain funds in a personal account
☐ Funds managed by staff will: assure the ct's right to deposit & withdraw money; regulate the receipt and distribution, and deposits of funds; provide adequate financial records on all transactions; assure ct funds are kept separate; allow deduction from accounts for pymt of treatment/habilitation services when authorized; issue receipts for deposits & withdrawals; provide ct-quarterly statements

☐ Authorization by ct required before a deduction can be made from an account for any amount owed for damages done by the ct to the facility, to an employee of the facility, a visitor, or another client

Notes:



PHYSICAL PLANT SURVEY CHECKLIST

FORM THAT MAY BE USED BY THE LOCAL
BUILDING INSPECTOR SURVEYING FACILITIES
BEING LICENSED FOR SIX (6) OR FEWER
AMBULATORY RESIDENTS



DIVISION OF FACILITY SERVICES

Small Home Building Approval Form

Mental Health facilities, wishing to be licensed for the first time, for **six or fewer residents, who are all able to evacuate the building without physical or verbal assistance during a fire or other emergency**, must be in compliance with the applicable portions of the current North Carolina State Building Code, Volume VII (single-family residential) or Volume I –Group R (if housed in a multi-family dwelling) per the Mental Health Licensure Section .0301. **The applicant's children (under the age of six) or other occupants requiring personal care are also to be counted in the total resident count.** We would like the applicant to either obtain a Certificate of Occupancy from the local Building Inspection Department as described by Section 309.5 of the NCSBC, Volume IA or have a local Building Official complete the following checklist for verification of general safety. The certificate (if provided) should state that, in the Building Department's opinion, the building is safe for the occupancy intended and clearly notes the Occupancy classification. **[Page 3 contains an additional Section that must be completed for facilities wanting to be licensed for four to six residents which classifies them under Volume I; Section 421.2 – Residential Care Homes.]**

The Building Official may require the checklist to be completed by a licensed Contractor or Home Inspector but must still be signed off by the local Building Official. There are some local jurisdictions that will allow the DFS – Construction Section to do the on-site inspection for safety verification. Contact your local Building Inspections Department to determine their requirements. Written approval from the local Fire Official and Sanitation Official is also required prior to licensing. Please refer questions to the DFS - CONSTRUCTION SECTION, Mental Health Review Team: PHONE: 919-855-3893 FAX: 919-733-6592

NAME OF FACILITY _____ ADDRESS _____

CITY _____ ZIP _____ COUNTY _____

Construction Section Project # _____ FID # _____ Bed Capacity _____

Has zoning approval been obtained where required: ☐ Yes ☐ No ☐ Not required
(We must receive a letter from the local Zoning Department approving the location for the intended use or waiving the requirement.)

APPROVED

YES NO

GENERAL CONSTRUCTION

1. ☐ ☐ THERE MUST BE NO OBVIOUS GENERAL SAFETY AND/OR STRUCTURAL DEFECTS, IF DEFECTS ARE NOTED, OBTAIN A GENERAL REPAIRS PERMIT FROM THE LOCAL BUILDING INSPECTOR, MAKE THE REPAIRS PER THE NCSBC VOLUME VII TECHNICAL REQUIREMENTS AND HAVE THE REPAIRS INSPECTED AND APPROVED BY THE LOCAL BUILDING INSPECTION DEPARTMENT.
2. ☐ ☐ ALL DECKS, FLOORS, PORCHES, STEPS, AND RAILINGS, (INSIDE AND OUTSIDE) MUST BE SAFE AND IN GOOD REPAIR.
3. ☐ ☐ THE GROUNDS MUST BE FREE OF ANY OBVIOUS SAFETY HAZARDS. (NOTE ANY BELOW.)
4. ☐ ☐ ALL REQUIRED WINDOWS AND DOORS MUST BE EASILY OPERABLE FROM THE INSIDE FOR VENTILATION AND ESCAPE PURPOSES; WINDOWS MUST BE PROVIDED WITH SCREENS, AND PROVIDE REASONABLE RESISTANCE TO EXTERNAL AIR INFILTRATION.
5. Plan IF ANY RESIDENT REQUIRES HANDICAP ACCESSIBILITY, THE BATHROOM, RESIDENT'S BEDROOM, AT LEAST ONE ENTRANCE, AND OTHER REQUIRED SPACES MUST ALLOW THE RESIDENT REASONABLE ACCESS TO PROMOTE A SAFE AND ACCEPTABLE LIVING ENVIRONMENT.
6. ☐ ☐ PROVIDE COPY OF SERVICE INVOICE WITH CERTIFICATIONS, COMPLIANCE AND/OR REPAIR INFORMATION FROM THE CONTRACTOR AND APPROVALS FROM LOCAL INSPECTION DEPARTMENTS **WHERE PERMITS WERE REQUIRED FOR MAJOR REPAIRS.**



Small Home Building Approval Checklist (6 or less residents) Continued

PLUMBING

YES NO

1. ☐ ☐ HOT WATER TANK RELIEF VALVE PIPED TO SAFE LOCATION
2. ☐ ☐ EXCESSIVE HOT WATER TEMPERATURE SETTINGS (NO GREATER THAN 116 DEGREES F).

(If in excess – plan of action given _____)

Signature of Staff _____ Date _____

3. PLAN ACCESSIBLE PLUMBING FIXTURES MUST BE PROVIDED THAT MAKE REASONABLE ACCOMMODATION. (IF REQ.) FOR HANDICAP ACCESSIBILITY TO MEET THE RESIDENT'S NEEDS.
4. ☐ ☐ PROVIDE COPY OF SERVICE INVOICE WITH CERTIFICATIONS FROM CONTRACTOR AND APPROVALS FROM LOCAL INSPECTION DEPARTMENTS **WHERE PERMITS WERE REQUIRED FOR MAJOR REPAIRS**

APPROVED

ELECTRICAL

YES NO

1. ☐ ☐ RECEPTACLES IN KITCHENS, BATHROOMS, GARAGES, AND OUTDOORS ARE GFCI PROTECTED.
2. ☐ ☐ EXPOSED WIRING IN ATTICS, CRAWL SPACES, AND OTHER AREAS IS SUPPORTED AND PROTECTED.
3. ☐ ☐ SMOKE DETECTION INSTALLED IN EACH BEDROOM, OUTSIDE EACH BEDROOM AREA, EACH LEVEL, ALL 120-VOLT HOUSE CURRENT NOT SWITCHED, ALL WITH BATTERY BACKUP AND ALL TIED TOGETHER. **(REQUIRED): SEE 2002 NCSBC, ELECTRICAL SECTION 210-71.**
4. ☐ ☐ THE PANEL BOX MUST BE LABELED TO INDICATE WHICH CIRCUIT SERVES WHICH APPLIANCE OR AREA OF THE HOUSE.
5. ☐ ☐ THE KITCHEN CIRCUITS MUST ADEQUATELY SUPPORT THE LOAD (ADD CIRCUITS AND RECEPTACLES IF NECESSARY)
6. ☐ ☐ WHERE APPLIANCES ARE REQUIRED TO HAVE THREE WIRE, 120 VOLT CIRCUITS/RECEPTACLES, NO ADAPTERS ARE PERMITTED. CHECK KITCHEN, LAUNDRY, COMPUTER, FREEZER, AND OTHER THREE WIRE APPLIANCES AND PROVIDE NEW CIRCUITS/RECEPTACLES WHERE NEEDED.
7. ☐ ☐ ALL EXTENSION CORDS MUST BE UL APPROVED AND PROPERLY USED.
8. ☐ ☐ PROVIDE COPY OF SERVICE INVOICE WITH CERTIFICATIONS FROM CONTRACTOR AND APPROVALS FROM LOCAL INSPECTION DEPARTMENTS **WHERE PERMITS WERE REQUIRED FOR MAJOR REPAIRS.**

HEATING/COOLING

YES NO

1. ☐ ☐ THE HEATING AND/OR COOLING SYSTEM MUST BE SERVICED BY A LICENSED HEATING/COOLING CONTRACTOR BEFORE EACH HEATING SEASON
2. ☐ ☐ THE SERVICE MUST INCLUDE TESTING AND CERTIFICATION THAT THE HEAT EXCHANGER FOR GAS OR OIL FIRED EQUIPMENT IS IN SAFE CONDITION.
3. ☐ ☐ PROVIDE COPY OF SERVICE INVOICE WITH CERTIFICATIONS FROM CONTRACTOR AND APPROVALS FROM LOCAL INSPECTION DEPARTMENTS **WHERE PERMITS WERE REQUIRED FOR MAJOR REPAIRS.**



Small Home Building Approval Checklist (6 or less residents) Continued

COMMENTS, ADDITIONAL INFORMATION, DIRECTIONS, ETC.

IF THE FACILITY IS ASKING TO BE LICENSED FOR FOUR TO SIX RESIDENTS, THE FOLLOWING ADDITIONAL SECTION MUST BE COMPLETED
(not applicable to facilities with three or fewer residents)

The proposed group home is classified as a “RESIDENTIAL CARE HOME” under Section 421.2 of the NCSBC, Volume I and all residents will be able to respond and evacuate the building without any assistance from others in an emergency. (no physical help or verbal prompting from anyone).

The following building code requirements apply:

421.2 RESIDENTIAL CARE HOMES. Homes keeping no more than six ambulatory adults or six unrestrained ambulatory children who are able to respond and evacuate the facility without assistance, determined by the State Agency having jurisdiction to be licensable shall be classified as Residential (N. C. State Building Code, Volume VII - Residential).

YES NO

1. ☐ ☐ **421.2.1** Each normally occupied story of the facility shall have two remotely located exits.
2. ☐ ☐ **421.2.2** Smoke detectors shall be provided on all levels per the North Carolina State Building Code, Volume IV-Electrical.
3. ☐ ☐ **421.2.3** Interior wall and ceiling finish shall be Class C. Fire retardant paints shall be renewed at such intervals as necessary to maintain the required finish rating.
4. ☐ ☐ **421.2.4** Unvented fuel-fire heaters and portable electric heaters shall not be used.

The proposed building for licensing as a group home as described above has been inspected by the **local Building Inspector** and is:

☐ Approved ☐ Not Approved: for compliance with code requirements listed above by:

Inspector: _____ Jurisdiction: _____

Date of Approval or Disapproval: _____



Small Home Building Approval Checklist (6 or less residents) Continued

DFS OFFICE USE ONLY

DOCUMENTS REVIEWED BY DFS CONSULTANT _____

LICENSING APPROVAL DATE _____

INITIAL LICENSE NUMBER _____ FID NUMBER _____

CONSTRUCTION SECTION APPROVAL ☐ YES ☐ NO BY _____
(Where required)

DATE _____

All Questions should be directed to:

Construction Section, Division of Facility Services
2705 MAIL SERVICE CENTER
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CORE RULES

TO BE USED BY THE GOVERNING BODY TO
DEVELOP POLICIES, GUIDELINES, AND
PROCEDURES FOR OPERATING.
POLICIES, GUIDELINES, AND PROCEDURES WILL
BE REVIEWED BY DFS CONSULTANT PRIOR TO
LICENSING.



**SUBCHAPTER 27G - RULES FOR MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND
SUBSTANCE ABUSE FACILITIES AND SERVICES****SECTION .0100 - GENERAL INFORMATION****10A NCAC 27G .0101 SCOPE**

(a) This Subchapter sets forth rules for mental health, developmental disabilities and substance abuse services, the facilities and agencies providing such services, and the area programs administering such services within the scope of G.S. 122C.

(b) These Rules and the applicable statutes govern licensing of facilities and accreditation of programs and services.

- (1) Facilities are licensed by the Division of Facilities Services (DFS) in accordance with G.S. 122 and these Rules. Licensable facilities as defined in G.S. 122C-3 shall comply with these Rules to receive and maintain the licenses required by the statute.
- (2) Area programs are accredited by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) to provide services in accordance with these Rules. Area programs shall comply with the rules to maintain accreditation of their programs and services.

(c) Unless otherwise provided in these Rules, when a facility or area program contracts with a person to provide services within the scope of these Rules, the facility or area program shall require that the contract services be provided in accordance with these Rules, and that the service provider be licensed if it is a licensable facility.

(d) These Rules are organized in the following manner:

- (1) General rules governing mental health, developmental disabilities and substance abuse services are contained in Sections .0100 through .0900. These Rules are "core" rules that, unless otherwise specified, apply to all programs and facilities.
- (2) Service-specific rules are contained in Sections .1000 through .6900. Generally, rules related to service-specific facilities and services are grouped:
 - (A) .1000 - .1900: Mental Health
 - (B) .2000 - .2900: Developmental Disabilities
 - (C) .3000 - .4900: Substance Abuse
 - (D) .5000 - .6900: Services and Facilities for More Than One Disability.
- (3) Service-specific rules may modify or expand the requirements of core rules.

(e) Failure to comply with these Rules shall be grounds for DFS to deny or revoke a license or for DMH/DD/SAS to deny or revoke area program service accreditation.

History Note: Authority G.S. 122C-23; 122C-24; 122C-26; 143B-147;
Eff. May 1, 1996.

10A NCAC 27G .0102 COPIES OF RULES

Copies of these Rules are available from DMH/DD/SAS at a price to cover printing, handling and postage.

History Note: Authority G.S. 122C-23; 122C-24; 122C-26; 143B-147;
Eff. May 1, 1996.

10A NCAC 27G .0103 GENERAL DEFINITIONS

(a) This Rule contains definitions that apply to all of the rules in this Subchapter.

(b) Unless otherwise indicated, the following terms shall have the meanings specified:

- (1) "Accreditation" means the authorization granted to an area program by DMH/DD/SAS, as a result of demonstrated compliance with the standards established in these Rules, to provide specified services.
- (2) "Administering medication" means direct application of a drug to the body of a client by injection, inhalation, ingestion, or any other means.
- (3) "Adolescent" means a minor from 13 through 17 years of age.
- (4) "Adult" means a person 18 years of age or older or a person under 18 years of age who has been married or who has been emancipated by a court of competent jurisdiction or is a member of the armed forces.
- (5) "Alcohol abuse" means psychoactive substance abuse which is a residual category for noting maladaptive patterns of psychoactive substance use that have never met the criteria for dependence for that particular class of substance and which continues despite adverse consequences. The criteria for alcohol abuse delineated in the DSM IV is incorporated by reference.



- (6) "Alcohol dependence" means psychoactive substance dependence which is a cluster of cognitive behavioral, and physiologic symptoms that indicate that a person has impaired control of psychoactive substance use and continues use of the substance despite adverse consequences. The criteria for alcohol dependence delineated in the DSM IV is incorporated by reference.
- (7) "Area program" means a legally constituted public agency providing mental health, developmental disabilities and substance abuse services for a catchment area designated by the Commission. For purposes of these Rules, the term "area program" means the same as "area authority" as defined in G.S. 122C-3.
- (8) "Assessment" means a procedure for determining the nature and extent of the need for which the individual is seeking service.
- (9) "Child" means a minor from birth through 12 years of age.
- (10) "Children and adolescents with emotional disturbance" means minors from birth through 17 years of age who have behavioral, mental, or emotional problems which are severe enough to significantly impair their ability to function at home, in school, or in community settings.
- (11) "Client" means the same as defined in G.S. 122C-3. Unless otherwise specified, when used in the context of consent, consultation, or other function for a minor or for an adult who lacks the capacity to perform the required function, the term "client" shall include the legally responsible person.
- (12) "Client record" means a documented account of all services provided to a client.
- (13) "Commission" means the same as defined in G.S. 122C-3.
- (14) "Contract agency" means a legally constituted entity with which the area program contracts for a service exclusive of intermittent purchase of service for an individually identified client.
- (15) "Day/night service" means a service provided on a regular basis, in a structured environment that is offered to the same individual for a period of three or more hours within a 24-hour period.
- (16) "Detoxification" means the physiological withdrawal of an individual from alcohol or other drugs in order that the individual can participate in rehabilitation activities.
- (17) "DFS" means the Division of Facility Services, 701 Barbour Drive, Raleigh, N.C. 27603.
- (18) "Direct care staff" means an individual who provides active direct care, treatment, rehabilitation or habilitation services to clients.
- (19) "Division Director" means the Director of DMH/DD/SAS.
- (20) "DMH/DD/SAS" means the Division of Mental Health, Developmental Disabilities and Substance Abuse Services, 3001 Mail Service Center, Raleigh, NC 27699-3001.
- (21) "Documentation" means provision of written or electronic, dated and authenticated evidence of the delivery of client services or compliance with statutes or rules, e.g., entries in the client record, policies and procedures, minutes of meetings, memoranda, reports, schedules, notices and announcements.
- (22) "Drug abuse" means psychoactive substance abuse which is a residual category for noting maladaptive patterns of psychoactive substance use that have never met the criteria for dependence for that particular class of substance which continues despite adverse consequences. The criteria for drug abuse delineated in the DSM IV is incorporated by reference.
- (23) "Drug dependence" means psychoactive substance dependence which is a cluster of cognitive behavioral, and physiologic symptoms that indicate that a person has impaired control of psychoactive substance use and continues use of the substance despite adverse consequences. The criteria for drug dependence delineated in the DSM IV is incorporated by reference.
- (24) "DSM IV" means the publication of that title published by the American Psychiatric Association, 1400 K Street, N.W., Washington, D.C. 20005 at a cost of thirty nine dollars and ninety-five cents (\$39.95) for the soft cover edition and fifty four dollars and ninety-five cents (\$54.95) for the hard cover edition. Where used in these definitions, incorporation by reference of DSM IV includes subsequent amendments and editions of the referenced material.
- (25) "DWI" means driving while impaired, as defined in G.S. 20-138.1.
- (26) "Evaluation" means an assessment service that provides for an appraisal of a client in order to determine the nature of the client's problem and his need for services. The services may include an assessment of the nature and extent of the client's problem through a systematic appraisal of any combination of mental, psychological, physical, behavioral, functional, social, economic, and intellectual resources, for the purposes of diagnosis and determination of the disability of the client, the client's level of eligibility, and the most appropriate plan, if any, for services.
- (27) "Facility" means the same as defined in G.S. 122C-3.



- (28) "Foster parent" means an individual who provides substitute care for a planned period for a child when his own family or legal guardian cannot care for him; and who is licensed by the N.C. Department of Health and Human Services and supervised by the County Department of Social Services, or by a private program licensed or approved to engage in child care or child placing activities.
- (29) "Governing body" means, in the case of a corporation, the board of directors; in the case of an area authority, the area board; and in all other cases, the owner of the facility.
- (30) "Habilitation" means the same as defined in G.S. 122C-3.
- (31) "Hearing" means, unless otherwise specified, a contested case hearing under G.S. 150B, Article 3.
- (32) "Incident" means any happening which is not consistent with the routine operation of a facility or service or the routine care of a client and that is likely to lead to adverse effects upon a client.
- (33) "Infant" means an individual from birth to one year of age.
- (34) "Individualized education program" means a written statement for a child with special needs that is developed and implemented pursuant to 16 NCAC 2E .1500 (Rules Governing Programs and Services for Children with Special Needs) available from the Department of Public Instruction.
- (35) "Inpatient service" means a service provided in a hospital setting on a 24-hour basis under the direction of a physician. The service provides continuous, close supervision for individuals with moderate to severe mental or substance abuse problems.
- (36) "Legend drug" means a drug that cannot be dispensed without a prescription.
- (37) "License" means a permit to operate a facility which is issued by DFS under G.S. 122C, Article 2.
- (38) "Medication" means a substance recognized in the official "United States Pharmacopoeia" or "National Formulary" intended for use in the diagnosis, mitigation, treatment or prevention of disease.
- (39) "Minor" means a person under 18 years of age who has not been married or who has not been emancipated by a decree issued by a court of competent jurisdiction or is not a member of the armed forces.
- (40) "Operator" means the designated agent of the governing body who is responsible for the management of a licensable facility.
- (41) "Outpatient service" means the same as periodic service.
- (42) "Parent" means the legally responsible person unless otherwise clear from the context.
- (43) "Periodic service" means a service provided on an episodic basis, either regularly or intermittently, through short, recurring visits for persons with mental illness, developmental disability or who are substance abusers.
- (44) "Preschool age child" means a child from three to five years old.
- (45) "Prevailing wage" means the wage rate paid to an experienced worker who is not disabled for the work to be performed.
- (46) "Private facility" means a facility not operated by or under contract with an area program.
- (47) "Provider" means an individual, agency or organization that provides mental health, developmental disabilities or substance abuse services.
- (48) "Rehabilitation" means training, care and specialized therapies undertaken to assist a client to reacquire or maximize any or all lost skills or functional abilities.
- (49) "Residential service," unless otherwise provided in these Rules, means a service provided in a 24-hour living environment in a non-hospital setting where room, board, and supervision are an integral part of the care, treatment, habilitation or rehabilitation provided to the individual.
- (50) "School aged youth" means individuals from six through twenty-one years of age.
- (51) "Screening" means an assessment service that provides for an appraisal of an individual who is not a client in order to determine the nature of the individual's problem and his need for services. The service may include an assessment of the nature and extent of the individual's problem through a systematic appraisal of any combination of mental, psychological, physical, behavioral, functional, social, economic, and intellectual resources, for the purposes of diagnosis and determination of the disability of the individual, level of eligibility, if the individual will become a client, and the most appropriate plan, if any, for services.
- (52) "Secretary" means the Secretary of the Department of Health and Human Services or designee.
- (53) "Service" means an activity or interaction intended to benefit another, with, or on behalf of, an individual who is in need of assistance, care, habilitation, intervention, rehabilitation or treatment.
- (54) "Service plan" means the same as treatment/habilitation plan defined in this Section.
- (55) "Staff member" means any individual who is employed by the facility.
- (56) "State facility" means the term as defined in G.S. 122C.



- (57) "Support services" means services provided to enhance an individual's progress in his primary treatment/habilitation program.
- (58) "System of care" means a spectrum of community based mental health and other necessary services which are organized into a coordinated network to meet the multiple and changing needs of emotionally disturbed children and adolescents.
- (59) "Toddler" means an individual from one through two years of age.
- (60) "Treatment" means the process of providing for the physical, emotional, psychological and social needs of clients through services.
- (61) "Treatment/habilitation plan" means a plan in which one or more professionals, privileged in accordance with the governing body's policy, working with the client and family members or other service providers, document which services will be provided and the goals, objectives and strategies that will be implemented to achieve the identified outcomes. A treatment plan may also be called a service plan.
- (62) "Twenty-four hour service" means a service which is provided to a client on a 24-hour continuous basis.

History Note: Authority G.S. 122C-3; 122C-26; 143B-147;
Eff. May 1, 1996.

10A NCAC 27G .0104 STAFF DEFINITIONS

The following credentials and qualifications apply to staff described in this Subchapter:

- (1) "Associate Professional (AP)" within the mental health, developmental disabilities and substance abuse services (mh/dd/sas) system of care means an individual who is a:
 - (a) graduate of a college or university with a Masters degree in a human service field with less than one year of full-time, post-graduate degree accumulated mh/dd/sa experience with the population served, or a substance abuse professional with less than one year of full-time, post-graduate degree accumulated supervised experience in alcoholism and drug abuse counseling. Upon hiring, an individualized supervision plan shall be developed and supervision shall be provided by a qualified professional with the population served until the individual meets one year of experience; or
 - (b) graduate of a college or university with a bachelor's degree in a human service field with less than two years of full-time, post-bachelor's degree accumulated mh/dd/sa experience with the population served, or a substance abuse professional with less than two years of full-time, post-bachelor's degree accumulated supervised experience in alcoholism and drug abuse counseling. Upon hiring, an individualized supervision plan shall be developed and reviewed annually. Supervision shall be provided by a qualified professional with the population served until the individual meets two years of experience; or
 - (c) graduate of a college or university with a bachelor's degree in a field other than human services with less than four years of full-time, post-bachelor's degree accumulated mh/dd/sa experience with the population served, or a substance abuse professional with less than four years of full-time, post-bachelor's degree accumulated supervised experience in alcoholism and drug abuse counseling. Upon hiring, an individualized supervision plan shall be developed and reviewed annually. Supervision shall be provided by a qualified professional with the population served until the individual meets four years of experience; or
 - (d) registered nurse who is licensed to practice in the State of North Carolina by the North Carolina Board of Nursing with less than four years of full-time accumulated experience in mh/dd/sa with the population served. Upon hiring, an individualized supervision plan shall be developed and reviewed annually. Supervision shall be provided by a qualified professional with the population served until the individual meets four years of experience.
- (2) "Certified alcoholism counselor (CAC)" means an individual who is certified as such by the North Carolina Substance Abuse Professional Certification Board.
- (3) "Certified drug abuse counselor (CDAC)" means an individual who is certified as such by the North Carolina Substance Abuse Professional Certification Board.
- (4) "Certified clinical supervisor (CCS)" means an individual who is certified as such by the North Carolina Substance Abuse Professional Certification Board.



- (5) "Certified substance abuse counselor (CSAC)" means an individual who is certified as such by the North Carolina Substance Abuse Professional Certification Board.
- (6) "Certified substance abuse prevention consultant (CSAPC)" means an individual who is certified as such by the North Carolina Substance Abuse Professional Board.
- (7) "Clinical" means having to do with the active direct treatment/habilitation of a client.
- (8) "Clinical staff member" means a qualified professional or associate professional who provides active direct treatment/habilitation to a client.
- (9) "Clinical/professional supervision" means regularly scheduled assistance by a qualified professional or associate professional to a staff member who is providing direct, therapeutic intervention to a client or clients. The purpose of clinical supervision is to ensure that each client receives appropriate treatment or habilitation which is consistent with accepted standards of practice and the needs of the client.
- (10) "Clinical social worker" means a social worker who is licensed as such by the N.C. Social Work Certification and Licensure Board.
- (11) "Director" means the individual who is responsible for the operation of the facility.
- (12) "Licensed professional counselor (LPC)" means a counselor who is licensed as such by the North Carolina Board of Licensed Professional Counselors.
- (13) "Nurse" means a person licensed to practice in the State of North Carolina either as a registered nurse or as a licensed practical nurse.
- (14) "Paraprofessional" within the mh/dd/sas system of care means an individual who, with the exception of staff providing respite services or personal care services, has a GED or high school diploma; or no GED or high school diploma, employed prior to November 1, 2001 to provide a mh/dd/sa service. Upon hiring, an individualized supervision plan shall be developed and supervision shall be provided by a qualified professional or associate professional with the population served.
- (15) "Psychiatrist" means an individual who is licensed to practice medicine in the State of North Carolina and who has completed an accredited training program in psychiatry.
- (16) "Psychologist" means an individual who is licensed to practice psychology in the State of North Carolina as either a licensed psychologist or a licensed psychological associate.
- (17) "Qualified client record manager" means an individual who is a graduate of a curriculum accredited by the Council on Medical Education and Registration of the American Health Information Management Association and who is currently registered or accredited by the American Health Information Management Association.
- (18) "Qualified professional" means, within the mh/dd/sas system of care:
 - (a) an individual who holds a license, provisional license, certificate, registration or permit issued by the governing board regulating a human service profession, except a registered nurse who is licensed to practice in the State of North Carolina by the North Carolina Board of Nursing who also has four years of full-time accumulated experience in mh/dd/sa with the population served; or
 - (b) a graduate of a college or university with a Masters degree in a human service field and has one year of full-time, post-graduate degree accumulated mh/dd/sa experience with the population served, or a substance abuse professional who has one year of full-time, post-graduate degree accumulated supervised experience in alcoholism and drug abuse counseling; or
 - (c) a graduate of a college or university with a bachelor's degree in a human service field and has two years of full-time, post-bachelor's degree accumulated mh/dd/sa experience with the population served, or a substance abuse professional who has two years of full-time, post-bachelor's degree accumulated supervised experience in alcoholism and drug abuse counseling; or
 - (d) a graduate of a college or university with a bachelor's degree in a field other than human services and has four years of full-time, post-bachelor's degree accumulated mh/dd/sa experience with the population served, or a substance abuse professional who has four years of full-time, post-bachelor's degree accumulated supervised experience in alcoholism and drug abuse counseling.

History Note: Authority G.S. 122C-3; 122C-25; 122C-26; 143B-147;
Eff. May 11, 1996;
Temporary Amendment Eff. January 1, 2001;



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*Temporary Amendment Expired October 13, 2001;
Temporary Amendment Eff. November 1, 2001;
Amended Eff. April 1, 2003.*

SECTION .0200 - OPERATION AND MANAGEMENT RULES

10A NCAC 27G .0201 GOVERNING BODY POLICIES

(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:

- (1) delegation of management authority for the operation of the facility and services;
- (2) criteria for admission;
- (3) criteria for discharge;
- (4) admission assessments, including:
 - (A) who will perform the assessment; and
 - (B) time frames for completing assessment.
- (5) client record management, including:
 - (A) persons authorized to document;
 - (B) transporting records;
 - (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;
 - (D) assurance of record accessibility to authorized users at all times; and
 - (E) assurance of confidentiality of records.
- (6) screenings, which shall include:
 - (A) an assessment of the individual's presenting problem or need;
 - (B) an assessment of whether or not the facility can provide services to address the individual's needs; and
 - (C) the disposition, including referrals and recommendations;
- (7) quality assurance and quality improvement activities, including:
 - (A) composition and activities of a quality assurance and quality improvement committee;
 - (B) written quality assurance and quality improvement plan;
 - (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services;
 - (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service;
 - (E) strategies for improving client care;
 - (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges;
 - (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;
 - (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;
- (8) use of medications by clients in accordance with the rules in this Section;
- (9) reporting of any incident, unusual occurrence or medication error;
- (10) voluntary non-compensated work performed by a client;
- (11) client fee assessment and collection practices;
- (12) medical preparedness plan to be utilized in a medical emergency;
- (13) authorization for and follow up of lab tests;
- (14) transportation, including the accessibility of emergency information for a client;
- (15) services of volunteers, including supervision and requirements for maintaining client confidentiality;
- (16) areas in which staff, including nonprofessional staff, receive training and continuing education;
- (17) safety precautions and requirements for facility areas including special client activity areas; and
- (18) client grievance policy, including procedures for review and disposition of client grievances.

(b) Minutes of the governing body shall be permanently maintained.



History Note: Authority G.S. 122C-26; 143B-147;
Eff. May 1, 1996.

10A NCAC 27G .0202 PERSONNEL REQUIREMENTS

- (a) All facilities shall have a written job description for the director and each staff position which:
- (1) specifies the minimum level of education, competency, work experience and other qualifications for the position;
 - (2) specifies the duties and responsibilities of the position;
 - (3) is signed by the staff member and the supervisor; and
 - (4) is retained in the staff member's file.
- (b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:
- (1) is at least 18 years of age;
 - (2) is able to read, write, understand and follow directions;
 - (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and
 - (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry.
- (c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.
- (d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.
- (e) A file shall be maintained for each individual employee indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.
- (f) Continuing education shall be documented.
- (g) Employee training programs shall be provided and, at a minimum, shall consist of the following:
- (1) general organizational orientation;
 - (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;
 - (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and
 - (4) training in infectious diseases and bloodborne pathogens.
- (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.
- (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.

History Note: Authority G.S. 122C-26;
Eff. May 1, 1996;
Temporary Amendment Eff. January 3, 2001;
Temporary Amendment Expired October 13, 2001;
Temporary Amendment Eff. November 1, 2001;
Amended Eff. April 1, 2003.

10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS

- (a) There shall be no privileging requirements for qualified professionals or associate professionals.
- (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.
- (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.
- (d) Competence shall be demonstrated by exhibiting core skills including:
- (1) technical knowledge;



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- (2) cultural awareness;
 - (3) analytical skills;
 - (4) decision-making;
 - (5) interpersonal skills;
 - (6) communication skills; and
 - (7) clinical skills.
- (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS.
- (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional.
- (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.

History Note: Authority G.S. 122C-26;
Temporary Adoption Eff. January 1, 2001;
Temporary Adoption Expired October 13, 2001;
Temporary Adoption Eff. November 1, 2001;
Eff. April 1, 2003.

10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS

- (a) There shall be no privileging requirements for paraprofessionals.
- (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.
- (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.
- (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.
- (e) Competence shall be demonstrated by exhibiting core skills including:
- (1) technical knowledge;
 - (2) cultural awareness;
 - (3) analytical skills;
 - (4) decision-making;
 - (5) interpersonal skills;
 - (6) communication skills; and
 - (7) clinical skills.
- (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.

History Note: Authority G.S. 122C-26;
Temporary Adoption Eff. January 1, 2001;
Temporary Adoption Expired October 13, 2001;
Temporary Adoption Eff. November 1, 2001;
Eff. April 1, 2003.

10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN

- (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:
- (1) the client's presenting problem;
 - (2) the client's needs and strengths;
 - (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission;
 - (4) a pertinent social, family, and medical history; and
 - (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs.
- (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.



(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.

(d) The plan shall include:

- (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;
- (2) strategies;
- (3) staff responsible;
- (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;
- (5) basis for evaluation or assessment of outcome achievement; and
- (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.

History Note: Authority G.S. 122C-26; 130A-144; 130A-152; 143B-147;
Eff. May 1, 1996;
Recodified from 10 NCAC 14V .0203 to 10 NCAC 14V .0205 Eff. January 3, 2001.

10A NCAC 27G .0206 CLIENT RECORDS

(a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to:

- (1) an identification face sheet which includes:
 - (A) name (last, first, middle, maiden);
 - (B) client record number;
 - (C) date of birth;
 - (D) race, gender and marital status;
 - (E) admission date;
 - (F) discharge date;
- (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV;
- (3) documentation of the screening and assessment;
- (4) treatment/habilitation or service plan;
- (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician;
- (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;
- (7) documentation of services provided;
- (8) documentation of progress toward outcomes;
- (9) if applicable:
 - (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM);
 - (B) medication orders;
 - (C) orders and copies of lab tests; and
 - (D) documentation of medication and administration errors and adverse drug reactions.

(b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.

History Note: Authority G.S. 122C-26; 143B-147;
Eff. May 1, 1996;
Recodified from 10 NCAC 14V .0204 to 10 NCAC 14V .0206 Eff. January 3, 2001.

10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES

(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.

(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.



- (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.
- (d) Each facility shall have basic first aid supplies accessible for use.

History Note: Authority G.S. 122C-26; 143B-147;
Eff. May 1, 1996;
Recodified from 10 NCAC 14V .0205 to 10 NCAC 14V .0207 Eff January 3, 2001.

10A NCAC 27G .0208 CLIENT SERVICES

- (a) Facilities that provide activities for clients shall assure that:
 - (1) space and supervision is provided to ensure the safety and welfare of the clients;
 - (2) activities are suitable for the ages, interests, and treatment/habilitation needs of the clients served; and
 - (3) clients participate in planning or determining activities.
- (b) Facilities or programs designated or described in these Rules as "24-hour" shall make services available 24 hours a day, every day in the year, unless otherwise specified in the rule.
- (c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious.
- (d) When clients who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment.
- (e) When two or more preschool children who require special assistance with boarding or riding in a vehicle are transported in the same vehicle, there shall be one adult, other than the driver, to assist in supervision of the children.

History Note: Authority G.S. 122C-26; 122C-112; 122C-146; 130A-361; 143B-147;
Eff. May 1, 1996;
Recodified from 10 NCAC 14V .0206 to 10 NCAC 14V .0208 Eff. January 3, 2001;
Temporary Amendment Eff. January 3, 2001;
Amended Eff. August 1, 2002.

10A NCAC 27G .0209 MEDICATION REQUIREMENTS

- (a) Medication dispensing:
 - (1) Medications shall be dispensed only on the written order of a physician or other practitioner licensed to prescribe.
 - (2) Dispensing shall be restricted to registered pharmacists, physicians, or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy. If a permit to operate a pharmacy is not required, a nurse or other designated person may assist a physician or other health care practitioner with dispensing so long as the final label, container, and its contents are physically checked and approved by the authorized person prior to dispensing.
 - (3) Methadone for take-home purposes may be supplied to a client of a methadone treatment service in a properly labeled container by a registered nurse employed by the service, pursuant to the requirements of 10A NCAC 26E .0306 SUPPLYING OF METHADONE IN TREATMENT PROGRAMS BY RN. Supplying of methadone is not considered dispensing.
 - (4) Other than for emergency use, facilities shall not possess a stock of prescription legend drugs for the purpose of dispensing without hiring a pharmacist and obtaining a permit from the NC Board of Pharmacy. Physicians may keep a small locked supply of prescription drug samples. Samples shall be dispensed, packaged, and labeled in accordance with state law and this Rule.
- (b) Medication packaging and labeling:
 - (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible;
 - (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate;
 - (3) The packaging label of each prescription drug dispensed must include the following:
 - (A) the client's name;
 - (B) the prescriber's name;
 - (C) the current dispensing date;
 - (D) clear directions for self-administration;



- (E) the name, strength, quantity, and expiration date of the prescribed drug; and
- (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.

(c) Medication administration:

- (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.
- (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.
- (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.
- (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:
 - (A) client's name;
 - (B) name, strength, and quantity of the drug;
 - (C) instructions for administering the drug;
 - (D) date and time the drug is administered; and
 - (E) name or initials of person administering the drug.
- (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.

(d) Medication disposal:

- (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion.
- (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction.
- (3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.
- (4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.

(e) Medication Storage:

- (1) All medication shall be stored:
 - (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59° and 86° F.;
 - (B) in a refrigerator, if required, between 36° and 46° F. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container;
 - (C) separately for each client;
 - (D) separately for external and internal use;
 - (E) in a secure manner if approved by a physician for a client to self-medicate.
- (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act and shall be in compliance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.

(f) Medication review:

- (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated.
- (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.

(g) Medication education:

- (1) Each client started or maintained on a medication by an area program physician shall receive either oral or written education regarding the prescribed medication by the physician or their designee. In



instances where the ability of the client to understand the education is questionable, a responsible person shall be provided either oral or written instructions on behalf of the client.

- (2) The medication education provided shall be sufficient to enable the client or other responsible person to make an informed consent, to safely administer the medication and to encourage compliance with the prescribed regimen.
- (3) The area program physician or designee shall document in the client record that education for the prescribed psychotropic medication was offered and either provided or declined. If provided, it shall be documented in what manner it was provided (either orally or written or both) and to whom (client or responsible person).

(h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted.

*History Note: Authority G.S. 90-21.5; 90-171.20(7),(8); 90-171.44; 122C-26; 143B-147;
Eff. May 1, 1996;
Recodified from 10 NCAC 14V .0207 to 10 NCAC 14V .0209 Eff. January 3, 2001.*

10A NCAC 27G .0210 RESEARCH REVIEW BOARD

(a) For purposes of this Rule, "research" means inquiry involving a trial or special observation made under conditions determined by the investigator to confirm or disprove a hypothesis, or to explicate some principle or effect. The term "research" as used here means research which is not standard or conventional; involves a trial or special observation which would place the subject at risk for injury (physical, psychological or social injury), or increase the chance of disclosure of treatment; utilizes elements or steps not ordinarily employed by qualified professionals treating similar disorders of this population; or is a type of procedure that serves the purpose of the research only and does not include treatment designed primarily to benefit the individual.

(b) Prior to the initiation of any research activity in a facility which involves clients or client records, it shall be reviewed and approved by a research review board recognized by the facility in which the proposed research is to be conducted.

(c) The Board shall consist of at least three members, the majority of whom are not directly associated with the research proposal which is under consideration.

(d) Each proposed research project shall be presented to the research review board as a written protocol including, at least, the following information:

- (1) name of the project and the principal investigator;
- (2) statement of objectives (hypothesis) and rationale; and
- (3) description of the methodology, including informed consent if necessary.

(e) The board shall assure that informed, written consent is obtained from each client, or each legally responsible person if the client is a minor or incompetent adult, in each research project, to include:

- (1) documentation that the client has been informed of any potential dangers that may exist and that he understands the conditions of participation; and
- (2) notice of the client's right to terminate participation at any time without prejudicing the treatment he is receiving.

A copy of the dated, signed consent form shall be kept on file in the client record by the facility.

(f) Each approved research project shall be reviewed by the research review board at least annually. Modifications in the research protocol shall be reviewed and approved in advance by the research review board.

(g) Minutes of each research board meeting shall be maintained.

*History Note: Authority G.S. 122C-26; 122C-52; 143B-147;
Eff. May 1, 1996;
Recodified from 10 NCAC 14V .0208 to 10 NCAC 14V .0210 Eff. January 3, 2001.*



SECTION .0300 - PHYSICAL PLANT RULES

10A NCAC 27G .0301 COMPLIANCE WITH BUILDING CODES

- (a) Each new facility shall be in compliance with all applicable portions of the North Carolina State Building Code in effect at the time of licensing.
- (b) Each facility operating under a current license issued by DFS upon the effective date of this Rule shall be in compliance with all applicable portions of the North Carolina State Building Code in effect at the time the facility was constructed or last renovated.
- (c) Each facility shall maintain documented evidence of compliance with applicable fire, sanitation and building codes including an annual fire inspection.
- (d) As used in these Rules, the term "new facility" refers to a facility that has not been licensed previously and for which an initial license is sought. The term includes buildings converted from another use or containing facilities licensed for a different use than the facility for which an initial license is sought.

History Note: Authority G.S. 122C-26; 143B-147;
Eff. May 1, 1996.

10A NCAC 27G .0302 FACILITY CONSTRUCTION/ALTERATIONS/ADDITIONS

- (a) When construction, use, alterations or additions are planned for a new or existing facility, work shall not begin until after consultation with the DFS Construction Section and with the local building and fire officials having jurisdiction. Governing bodies are encouraged to consult with DFS prior to purchasing property intended for use as a facility.
- (b) All required permits and approvals shall be obtained from the local authorities having jurisdiction.

History Note: Authority G.S. 122C-26; 143B-147;
Eff. May 1, 1996.

10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS

- (a) Each facility shall be located on a site where:
- (1) fire protection is available;
 - (2) water supply, sewage and solid waste disposal services have been approved by the local health department;
 - (3) occupants are not exposed to hazards and pollutants that may constitute a threat to their health, safety, and welfare; and
 - (4) local ordinances and zoning laws are met.
- (b) The site at which a 24-hour facility is located shall have sufficient outdoor area to permit clients to exercise their right to outdoor activity in accordance with the provisions of G.S. 122C-62.
- (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.
- (d) Buildings shall be kept free from insects and rodents.

History Note: Authority G.S. 122C-26; 143B-147;
Eff. May 1, 1996.

10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT

- (a) Privacy: Facilities shall be designed and constructed in a manner that will provide clients privacy while bathing, dressing or using toilet facilities.
- (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.
- (1) All hallways, doorways, entrances, ramps, steps and corridors shall be kept clear and unobstructed at all times.
 - (2) All mattresses purchased for existing or new facilities shall be fire retardant.
 - (3) Electrical, mechanical and water systems shall be maintained in operating condition.
 - (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.



- (5) All indoor areas to which clients have routine access shall be well-lighted. Lighting shall be adequate to permit occupants to comfortably engage in normal and appropriate daily activities such as reading, writing, working, sewing and grooming.
- (c) Comfort Zone: Each 24-hour facility shall provide heating and air-cooling equipment to maintain a comfort range between 68 and 80 degrees Fahrenheit.
 - (1) This requirement shall not apply to therapeutic (habilitative) camps and other 24-hour facilities for six or fewer clients.
 - (2) Facilities licensed prior to October 1, 1988 shall not be required to add or install cooling equipment if not already installed.
- (d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements:
 - (1) Client bedrooms shall have at least 100 square feet for single occupancy and 160 square feet when two clients occupy the bedroom.
 - (2) Where bassinets and portable cribs for infants are used, a minimum of 40 square feet per bassinet or portable crib shall be provided.
 - (3) No more than two clients may share an individual bedroom regardless of bedroom size.
 - (4) In facilities with overnight accommodations for persons other than clients, such accommodations shall be separate from client bedrooms.
 - (5) No client shall be permitted to sleep in an unfinished basement or in an attic.
 - (6) In a residential facility licensed under residential building code standards and without elevators, bedrooms above or below the ground level shall be used only for individuals who are capable of moving up and down the steps independently.
 - (7) Minimum furnishings for client bedrooms shall include a separate bed, bedding, pillow, bedside table, and storage for personal belongings for each client.
 - (8) Only clients of the same sex may share a bedroom except for children age six or below, and married couples.
 - (9) Children and adolescents shall not share a bedroom with an adult.
 - (10) At least one full bathroom for each five or fewer persons including staff of the facility and their family shall be included in each facility.
 - (11) Each facility, except for a private home provider, shall have a reception area for clients and visitors and private space for interviews and conferences with clients.
 - (12) The area in which therapeutic and habilitative activities are routinely conducted shall be separate from sleeping areas.
- (e) Where strict conformance with current requirements would be impractical, or because of extraordinary circumstances, new programs, or unusual conditions, DFS may approve alternate methods, procedures, design criteria and functional variations from the physical plant requirements when the facility can effectively demonstrate to DFS's satisfaction that the:
 - (1) intent of the physical plant requirements are met; and
 - (2) variation does not reduce the safety or operational effectiveness of the facility.

History Note: Authority G.S. 122C-26; 143B-147;
Eff. May 1, 1996;
Temporary Amendment Eff. January 3, 2001;
Amended Eff. August 1, 2002.

SECTION .0400 - LICENSING PROCEDURES

10A NCAC 27G .0401 LICENSE REQUIRED

- (a) No person shall establish, maintain or operate a licensable facility within the meaning of G.S. 122C-3 without first applying for and receiving a license from the Division of Facilities Services.
- (b) Except for facilities excluded from licensure by G.S. 122C, DFS will deem any facility licensable if its primary purpose is to provide services for the care, treatment, habilitation or rehabilitation of individuals with mental illness, developmental disabilities, or substance abuse disorders.



(c) Living arrangements coordinated for adult clients in connection with case management or personal assistance services are not considered licensable facilities unless their primary purpose is to provide care, treatment, habilitation or rehabilitation, rather than simply to provide living accommodations.

History Note: Authority G.S. 122C-3; 122C-23; 122C-26; 143B-147;
Eff. May 1, 1996.

10A NCAC 27G .0402 LICENSE ISSUANCE

(a) Applications for licensure shall be requested and completed in the form specified by DFS at least 30 days prior to the planned operation date of a new facility. Copies of reports, findings or recommendations issued by any accreditation agency and corrective action plans shall be submitted with the application for licensure.

(b) The content of license applications shall include:

- (1) Name of person (as defined in G.S. 122C-3) submitting the application;
- (2) Business name of facility, if applicable;
- (3) Street location of the facility (including multiple addresses if more than one building at one site);
- (4) Name and title of the operator of the facility;
- (5) Type of facility; services offered; ages served; and, when applicable, capacity and a floor plan showing bed locations and room numbers, any unlocked time-out rooms, and any locked interior or exterior doors which would prohibit free egress of clients; and
- (6) Indication of whether the facility is operated by an area program, under contract with an area program, or is a private facility.

(c) DFS shall conduct an on-site inspection to determine compliance with all rules and statutes. If the facility is operated by or contracted with an area program, DFS may, in lieu of conducting an on-site inspection, accept written verification from the area program or DMH/DD/SAS that the area program or DMH/DD/SAS has conducted an on-site review and the facility is in compliance with rules and statutes. The written verification shall be in such form as DFS may require.

(d) DFS shall issue a license after it determines a facility is in compliance with:

- (1) Certificate of Need law (G.S. 131E-183) and Certificate of Need rules as codified in 10 NCAC 3R .2400, .2500, or .2600, whichever is applicable;
- (2) Building Code and physical plant requirements in these Rules;
- (3) Annual fire and safety and sanitation requirements, with the exception of a day/night or periodic service that does not handle food for which a sanitation inspection report is not required; and
- (4) Applicable rules and statutes.

(e) Licenses shall be issued to the specific premise for types of services indicated on the application.

(f) A separate license shall be required for each facility which is maintained on a separate site, even though the sites may be under the same ownership or management.

History Note: Authority G.S. 122C-3; 122C-23; 122C-26; 122C-27(5); 143B-147;
Eff. May 1, 1996.

10A NCAC 27G .0403 DEEMED STATUS

(a) A facility may be awarded a deemed status and licensed if it is certified or accredited by a nationally recognized agency that the Commission has determined to maintain certification or accreditation standards that meet or exceed the standards established by these Rules and it provides verification of certification or accreditation to DFS.

(b) Any facility licensed under this Rule shall continue to be subject to inspection by DFS or by DMH/DD/SAS as provided in these Rules.

History Note: Authority G.S. 122C-22; 122C-26; 131E-67; 143B-17; 143B-147;
Eff. May 1, 1996.

10A NCAC 27G .0404 OPERATIONS DURING LICENSED PERIOD

(a) A license shall be valid for a period not to exceed two years from the date on which the license is issued.

(b) For all facilities providing periodic and day/night services, the license shall be posted in a prominent location accessible to public view within the licensed premises.



- (c) For 24-hour facilities, the license shall be readily available for review upon request.
- (d) A facility shall accept no more clients than the number for which it is licensed.
- (e) DFS may conduct inspections of facilities without advance notice as DFS deems appropriate. For facilities that are not operated by or contracted with area programs, and that are not subject to the Accreditation Review described in Section .0600 of these Rules, DFS shall conduct an on-site inspection at least once every two years. For purposes of this inspection, DFS may accept DMH/DD/SAS or area program verification in accordance with Rule .0402(c) of this Section, or deemed status in accordance with Rule .0403 of this Section.
- (f) Written notification must be submitted to DFS prior to any of the following:
 - (1) Construction of a new facility or any renovation of an existing facility;
 - (2) Increase or decrease in capacity by program service type;
 - (3) Change in program service;
 - (4) Change in ownership including any change in a partnership;
 - (5) Change of name of facility; or
 - (6) Change in location of facility.
- (g) When a licensee plans to close a facility or discontinue a service, written notice at least 30 days in advance shall be provided to DFS, to all affected clients, and when applicable, to the legally responsible persons of all affected clients. This notice shall address continuity of services to clients in the facility.
- (h) Licenses shall expire unless renewed by DFS for an additional period. Thirty days prior to the expiration of a license, the licensee shall submit to DFS the following information:
 - (1) Brief description of any changes in the facility since the last written notification was submitted;
 - (2) Annual local fire and sanitation inspection reports, with the exception of a day/night or periodic service that does not handle food for which a sanitation inspection report is not required; and
 - (3) Copies of deficiencies and corrective action issued by an area program, DMH/DD/SAS, or any accreditation agency.

History Note: Authority G.S. 122C-26; 143B-147;
Eff. May 1, 1996.

10A NCAC 27G .0405 LICENSE DENIAL, AMENDMENT OR REVOCATION

- (a) Denial: DFS may deny an application for license based on the determination that the applicant is not in compliance with:
 - (1) rules promulgated under G.S. 122C, Article 2; or
 - (2) applicable provisions of the Certificate of Need law under G.S. 131E, Article 9 and rules adopted under that law.
- (b) Notice: When an application for license of a new facility is denied:
 - (1) DFS shall give the applicant written notice of the denial, the reasons for the denial and advise the applicant of the right to request a contested case hearing pursuant to G.S. 150B; and
 - (2) The facility shall not operate until a decision is made to issue a license, despite an appeal action.
- (c) Amendment: DFS may amend a license to indicate a provisional status whenever DFS determines there are violations of rules, but the violations do not pose an immediate threat to the health, safety or welfare of the clients served.
 - (1) Provisional status shall be approved for not less than 30 days nor more than six months.
 - (2) Provisional status shall be effective immediately upon notice to the licensee and must be posted in a prominent location, accessible to public view, within the licensed premises.
 - (3) A new license, which deletes the provisional status, shall be issued when a facility is determined by DFS to be in compliance with applicable rules.
 - (4) If a facility fails to comply with the rules within the time frame determined by DFS, the license shall automatically terminate on the expiration date of the provisional status.
 - (5) If a licensee has a provisional status at the time that the licensee submits a renewal application, the license, if renewed, shall also be of a provisional status unless DFS determines that the violations have been corrected.
 - (6) A decision to issue a provisional status shall be stayed during the period of an administrative appeal and the licensee may continue to display its license during the appeal.
- (d) Revocation: DFS shall revoke a license whenever it finds that there has been any failure to comply with the provisions for G.S. 122C, Article 2, that there have been violations of rules promulgated under those parts, and that such violations endanger the health, safety, or welfare of the individuals in the facility. Except for summary suspensions



which are governed by Paragraph (e) of this Rule, DFS shall give the licensee written notice of intent to revoke and the reasons for the proposed action, and the right to request a contested case hearing pursuant to G.S. 150B. If the licensee petitions for a hearing, the revocation shall not take effect until completion of the contested case process, otherwise it shall be effective as specified by DFS in its revocation order.

(e) Summary Suspension: Should DFS find that public health, safety or welfare considerations require emergency action, DFS shall issue an order of summary suspension and include the findings in its order.

- (1) The order shall suspend only those privileges or services as necessary to protect the public interest. An order of summary suspension shall be effective on the date specified in the order or on the date of service of the order at the last known address of the licensee, whichever is later.
- (2) The licensee may contest the order by requesting a contested case hearing pursuant to G.S. 150B. The order for summary suspension shall be in full force and effect during any contested case hearing.
- (3) The order also may set a date by which the licensee shall remove the cause for the emergency action. If the licensee fails to meet that deadline, DFS may take action to revoke or amend the facility's license.

